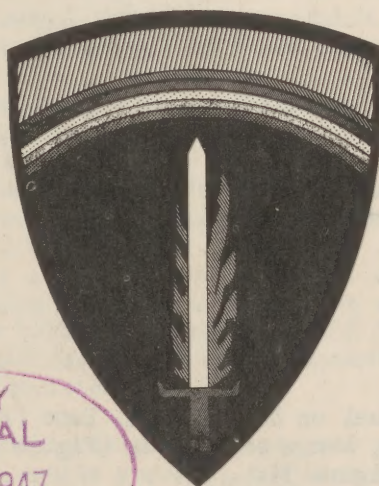


MILITARY GOVERNMENT OF GERMANY

PUBLIC HEALTH AND  
MEDICAL AFFAIRS

(Cumulative Review)



ARMY  
MEDICAL  
JUL 9 - 1947  
LIBRARY

REPORT OF THE  
MILITARY GOVERNOR, US ZONE

1 MAY 1946 — 31 MARCH 1947

NO. 22



## TABLE OF CONTENTS

<u>TEXT</u>	<u>Page</u>
Highlights. . . . .	1
Organization. . . . .	1
Military Government . . . . .	1
German. . . . .	2
Preventive Medicine . . . . .	3
Communicable Diseases . . . . .	3
Nutrition . . . . .	12
Sanitation. . . . .	14
Medical Affairs . . . . .	15
Nursing . . . . .	15
Hospitalization . . . . .	15
Narcotics Control . . . . .	16
Medical Supply. . . . .	16
Veterinary Affairs. . . . .	18
Veterinary Administration and Personnel . . . . .	18
Animal Disease Control. . . . .	18
Food Hygiene. . . . .	18
 <u>DISPLAYS</u>	
German Civilian Medical Personnel on Duty in U.S. Zone (Figure 1) . . . . .	2
Reported Cases of Tuberculosis, Lungs and Larynx (Figure 2) . . . . .	4
Reported Cases of Gonorrhea (Figure 3). . . . .	5
Reported Cases of Syphilis (Figure 4) . . . . .	6
Reported Cases of Diphtheria (Figure 5) . . . . .	7
Reported Cases of Typhoid Fever (Figure 6). . . . .	8
Deaths, Communicable Diseases (Figure 7). . . . .	10
Birth and Death Rates, U.S. Zone Germany (Figure 8) . . . . .	11
Average Weights of German Adults (Figure 9) . . . . .	13
Distribution of German Medical Personnel (Figure 10). . . . .	19
Communicable Disease Rates, U.S. Zone, Mar 46 - Mar 47 (Figure 11). . . . .	20
Communicable Disease Rates, U.S. Zone, March 1947 (Figure 12) . . . . .	21
Death Rates from Communicable Diseases (Figure 13). . . . .	22
Immunization of German Civilians (Figure 14). . . . .	23
Average Body Weights of German Adults (Figure 15) . . . . .	24
Summary of Average Body Weights (Figure 16) . . . . .	25
Status of Civilian Hospitals - U.S. Zone (Figure 17). . . . .	26
Incidence of Reportable Animal Diseases, Apr 46 to Mar 47 (Figure 18) . . . . .	27
Incidence of Reportable Animal Diseases, Feb and Mar 47 (Figure 19) . . . . .	28



---

## HEALTH AND MEDICAL AFFAIRS

---

### HIGHLIGHTS

The shift of responsibility for public health operations from Military Government to German governmental authorities which began in the winter of 1945-46 was completed during the year. Health operations have been carried out by the Laender health departments with small Military Government staffs functioning to observe, inspect, advise, and report upon German operations which have been handicapped by shortages of trained, aggressive public health officials, hospital capacity, supplies and equipment, transportation, and delayed communications. Disease control measures were carried out under slightly more stable conditions than in the first ten months of occupation.

Among the specific disease problems faced were a possible influenza outbreak, high incidence of venereal diseases, diphtheria and typhoid fever, high infant and total mortality, and an ominous increased prevalence of tuberculosis. Although the state of health of the population was unfavorably influenced by conditions resulting from population increases and movements, overcrowded and inadequate housing, undernutrition, lack of facilities and supplies for maintenance of basic personal hygiene, and the severe prolonged winter, communicable diseases presented no serious problems except for tuberculosis and the venereal diseases.

The nutritional health of the population deteriorated further during the year with weight losses averaging 1.8 to 6.3 pounds for the various groups of adults with the greater losses occurring in men. Weight deficiencies in elderly men and women and in children of school age are the most critical. The school feeding program intended to reach approximately 50 percent of the children aged 6 to 18 years will soon be inaugurated.

Progress in expanding hospital capacity was unsatisfactory, the increase of approximately 28,000 beds barely keeping pace with the increase in population. Shortages of many items of medical supply and equipment are becoming more critical as reserve stocks have been depleted.

Control of communicable animal diseases was reasonably satisfactory with swine erysipelas, fowl pest, equine scabies, and foot-and-mouth disease being the most prevalent. Training courses for official veterinarians, meat inspectors, practitioners, and farriers have been carried out during the year.

---

### ORGANIZATION

#### Military Government

During the period 1 May 1946 to 31 March 1947 the shift of responsibility for public health operations from Military Government to German governmental authorities which began in the winter of 1945-46 was completed. The Military Government Public Health organization throughout this period consisted of a staff of three to five U.S. military or civilian employees in each of the Laender offices of Military Government and the U.S. Sector of Berlin and a small staff of professional specialists and clerical personnel at this headquarters to furnish technical assistance to the Laender staffs and carry out development and coordination of policy. The entire Military Government health staff now totals only 38 U.S. military and civilian personnel as compared to a high of 173 in November 1945. This staff, by observing, inspecting, advising, and reporting upon the German public health organization, is responsible for insuring effective health operations for the control of communicable disease, treatment of the sick and elimination of health hazards to prevent undue suffering and civil unrest which might threaten the security of occupation forces or interfere with the military administration of Germany or create a hazard for other countries of Europe or the world.

---

MARCH 1947

---



## HEALTH AND MEDICAL AFFAIRS

### German

The German public health organization in the U.S. Zone has operated on a decentralized basis in which the Land staff is the highest operational unit. Each of the Laender health organizations has been handicapped by lack of adequately trained personnel, shortages of facilities, supplies and equipment, lack of transportation and delayed communications. In spite of all these deficiencies, the results obtained have been reasonably satisfactory, especially in the field of communicable disease control. Where results have been unsatisfactory, the general economic disruption has presented almost insurmountable difficulties such as in the expansion of hospital capacity and provision of health supplies and equipment. Lack of aggressiveness on the part of health officials and failure to obtain public and governmental support for health programs has also been evident.

Medical service to the population has been furnished by an adequate number of physicians, nurses and related professional personnel although the increase in incidence of tuberculosis has revealed a deficiency of trained specialists necessary to staff organizations for its control and to furnish proper treatment by utilization of modern therapeutic techniques. In addition, there is a lack of specialists in certain other fields such as neuro-surgery, pathology, and urology. There was one active physician for each 1,100 of population on 30 June 1946. This ratio remained at 1,105 on 30 September, decreased to 1,078 on 31 December and then increased to 1,135 as of 31 March 1947. The number of active nurses increased steadily throughout the year while there was little change in the number of dentists, midwives, pharmacists, and veterinarians.

Figure 1 shows the numbers of various categories of essential health personnel on duty as of the last day of each calendar year quarter during the past year.

GERMAN CIVILIAN MEDICAL PERSONNEL  
ON DUTY IN U.S. ZONE

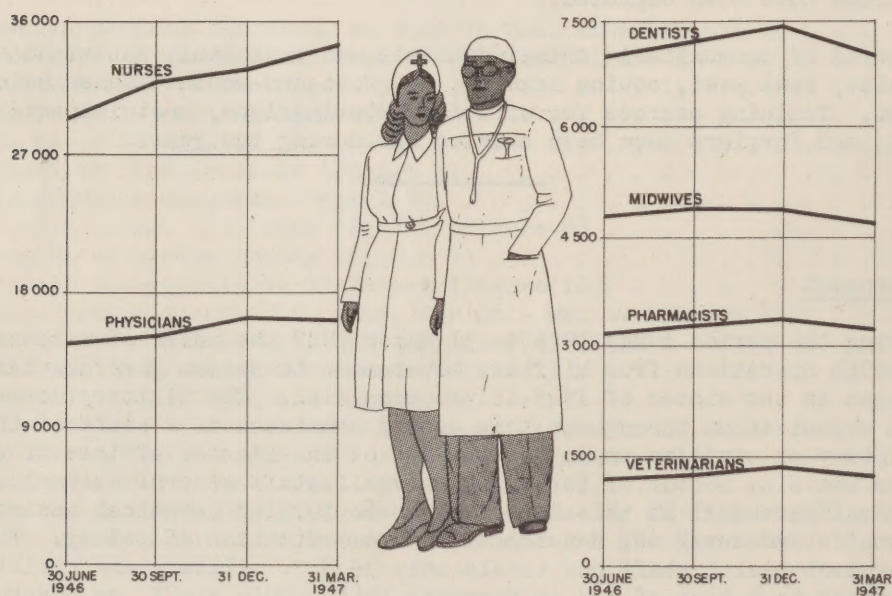


Figure 1

Figure 10, page 19, gives the breakdown of the various categories of health personnel for each of the four Laender and the U.S. Sector of Berlin by calendar year quarters. Fluctuations in numbers that have occurred are largely due to the arrival of professional personnel with the expellee groups received during the year and to the operation of the Law for Liberation from National Socialism and Militarism. It will be noted that changes that have occurred have been of a minor nature.



---

## HEALTH AND MEDICAL AFFAIRS

---

### PREVENTIVE MEDICINE

#### Communicable Diseases

The rates of communicable disease morbidity and mortality in the population of the U.S. Zone form an index of the health conditions for the period of April 1946 through March 1947 and this corrected and revised report includes all significant changes in previously published data for this period (Figures 11, 12, and 13, pages 20, 21, and 22). Disease control measures during the year were carried out under slightly more stable conditions than in the first ten months of occupation. The chief obstacles to maintaining and improving the health of the civilian population during the year have been shortages of food, shelter, and fuel, making it difficult to control communicable and debilitating diseases in an exhausted population who are normally accustomed to a fair standard of living and who are now living under unprecedented conditions of crowding and lack of essentials. The state of health of the population was further unfavorably affected by conditions resulting from the prolonged and severe winter. Among the specific disease problems faced during the year were a possible influenza outbreak, high incidence of venereal disease following the war, increased prevalence of dysentery, diphtheria, and typhoid fever and high infant and total mortality and a gradual but ominous increased prevalence of tuberculosis.

Tuberculosis, because of its tendency to spread among undernourished people living under crowded and unhygienic conditions, ranks first among important preventable disease problems in the U.S. Zone. New cases of tuberculosis were discovered at an extremely high rate throughout the year. However, a significant portion of new cases found are the result of the spread of the disease that took place during the last years of the war and the period of increased economic and social strain following the collapse of Germany during which increased numbers of infectious cases of tuberculosis lived, worked, and carried on social intercourse among the population at large, thereby assisting the spread of the disease. The extent of spread now occurring can only be estimated and significant numbers of new infections will develop into recognizable tuberculosis cases only after months or years have elapsed because of the long incubation period and limited facilities for screening susceptible groups of the population for early tuberculosis. Existing conditions of poor nutrition, fatigue, exhaustion, and insecurity for the population favor an early breakdown into advanced clinical cases of many incipient cases, which normally might recover. For these reasons, the increased rates being observed are a reflection of the breakdown in control of the disease during the last several years. Shortages of suitable hospital space is the main single obstacle to control. Although efforts have been persistently directed toward obtaining expansion of such facilities, the progress made by the Germans has not kept pace with the numbers of new cases discovered.

The program for control of tuberculosis in Germany has been based on two progressive lines of action. First, there is the finding of all cases of active tuberculosis. The second line of action is obtaining their treatment in hospitals until infectiousness has been arrested. The action for finding new cases of tuberculosis has progressed faster than hospital bed space has been provided for treatment of such cases. Tuberculosis dispensaries for treatment and supervision of non-hospitalized cases have therefore occupied an increasingly important role in the program with 67,217 examinations and 78,492 fluoroscopic examinations for tuberculosis in March. New cases of tuberculosis of the lung and larynx continued to be reported at a fairly constant rate throughout the year with 22.65 per 10,000 per annum for March 1946 and 26.4 for March 1947, maintaining, except for minor fluctuations, a persistently high rate.

The total known cases of active tuberculosis of the lung and larynx under medical supervision by dispensaries and hospitals increased from 93,821 in July 1946 to 118,353 for March 1947. The increase in tuberculosis rates may in part have been brought about by effective progress in discovering and reporting of cases existing in the population. The number of beds for isolation and treatment of tuberculosis patients in hospitals were 21,045 in March 1947 with 15,352 such beds in tuberculosis hospitals and 5,683 in other hospitals, representing an increase of 3,915 beds over July 1946, when there was a total of 17,130 available. The German health authorities have been encouraged to study the feasibility of immunizing susceptible individuals against tuberculosis with B.C.G. vaccine as an adjunct to the present program.

---

MARCH 1947

---



## HEALTH AND MEDICAL AFFAIRS

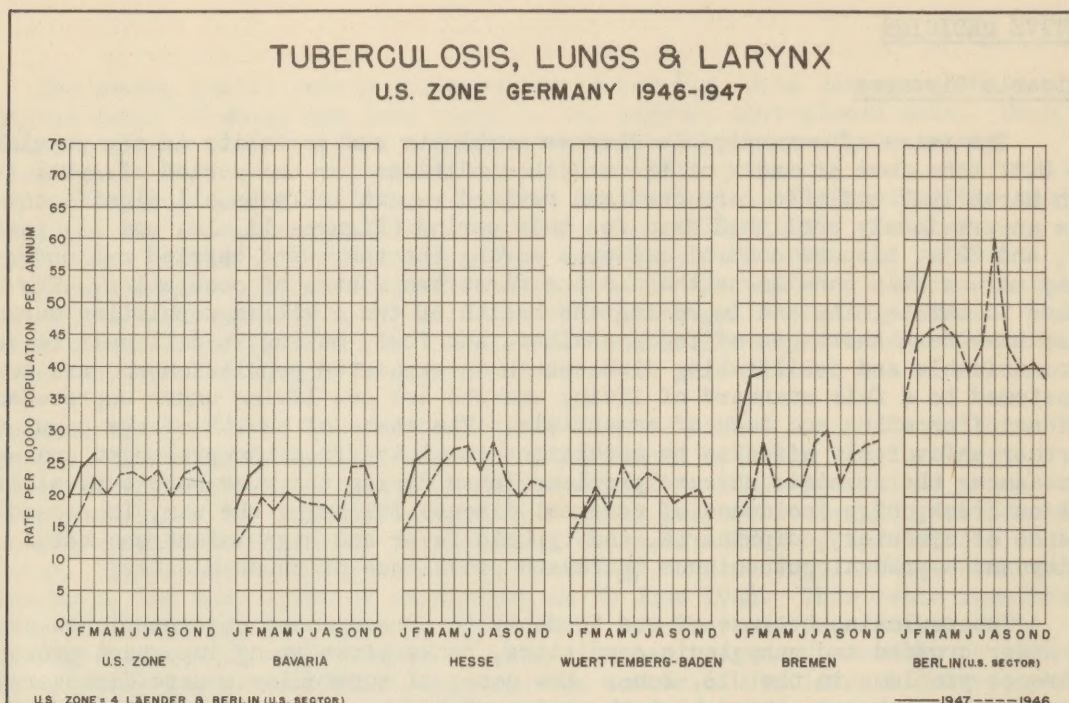


Figure 2

Venereal disease incidence among the German civilian population continued the upward trend for both gonorrhea and syphilis until August 1946 when the highest rates since reporting was instituted were recorded. This much publicized increase in venereal disease among the civilian population and its prevalence among occupation forces following the war has been comparable to their history following other wars. The increase was more statistical than actual, in that it reflected the increasing vigilance of medical personnel with the resultant increase in the number of discovered cases. Real progress has been attained since the inauguration of the anti-venereal disease program among the civilian population in August 1945. That program contained practical and workable principles which required enforcement of measures for discovering, reporting, and treating all cases of venereal disease until non-infectious, examination of persons exposed to venereal disease, and close cooperation of all agencies that might contribute to solving the problem. To prevent individuals infected with venereal diseases from spreading their infection while undergoing treatment, detention hospitals were provided. A total of 98 venereal disease hospitals with a bed capacity of 8,500 and 28 diagnostic clinics are in operation at strategic locations in the U.S. Zone. Penicillin has been provided since December 1945 to obtain effective rapid cure of gonorrhea cases and to prevent filling hospital bed space needed for treatment of tuberculosis, pneumonia, diphtheria, and other diseases with detained venereal disease cases. In the summer of 1946 increased venereal disease rates were to some extent influenced by improved reporting of cases following institution of ambulatory penicillin treatment and vigorous publicity and educational campaigns which stimulated increased voluntary application of individuals for treatment and more thorough reporting of cases by physicians.

During the summer of 1946 operation of the program was turned over to the German authorities. Since then, there has been considerable variation in the successfulness of the program in various areas. There has been reluctance to provide sufficient personnel and other means for effectively prosecuting the program because of lack of sufficient social and governmental support.

Except for November and December 1946, penicillin has been available for treatment of all cases of gonorrhea. During these months, supplies for treatment were depleted and it was necessary to revert temporarily to alternative methods.



## HEALTH AND MEDICAL AFFAIRS

This interruption in penicillin treatment was followed in the first three months of 1947 by a slight increase in rate as compared to the sharp decrease during the last quarter of 1946.

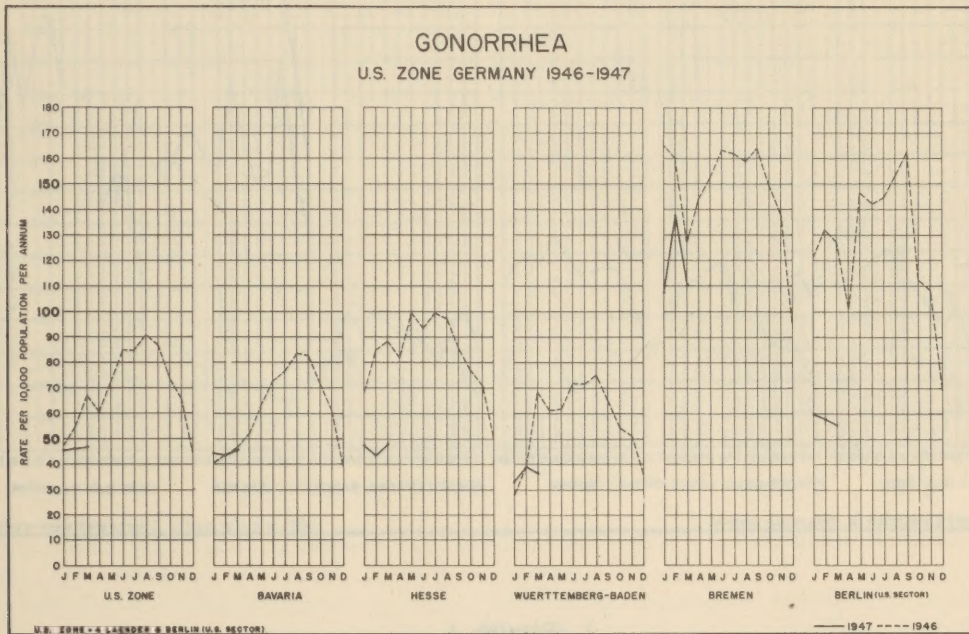


Figure 3

The total number of cases treated with penicillin since the beginning of the program in December 1945 to 31 March 1947 is 136,085.

### PENICILLIN TREATMENT OF GONORRHEA IN GERMAN CIVILIANS U.S. ZONE OF GERMANY

AREA	Number of Patients Treated During March 1947			Number of Patients Treated From 1 Dec 45 To 1 April 47
	Males	Females	Total	
TOTAL US ZONE	2,323	3,574	5,897	136,085
Bavaria	1,124	1,707	2,831	55,696
Hesse	398	693	1,091	31,891
Wuerttemberg-Baden	631	831	1,462	29,253
Bremen	125	265	390	7,035
Berlin (US Sector)	45	78	123	12,210

The rates for syphilis, which had been increasing, began a decreased trend in August 1946 and continued until December when increases were again noted. Although penicillin has not been used in the treatment of syphilis, public knowledge of its availability for gonorrhea has increased the number of individuals voluntarily reporting for diagnosis and resulted in the discovery of many cases of syphilis.

MARCH 1947



## HEALTH AND MEDICAL AFFAIRS

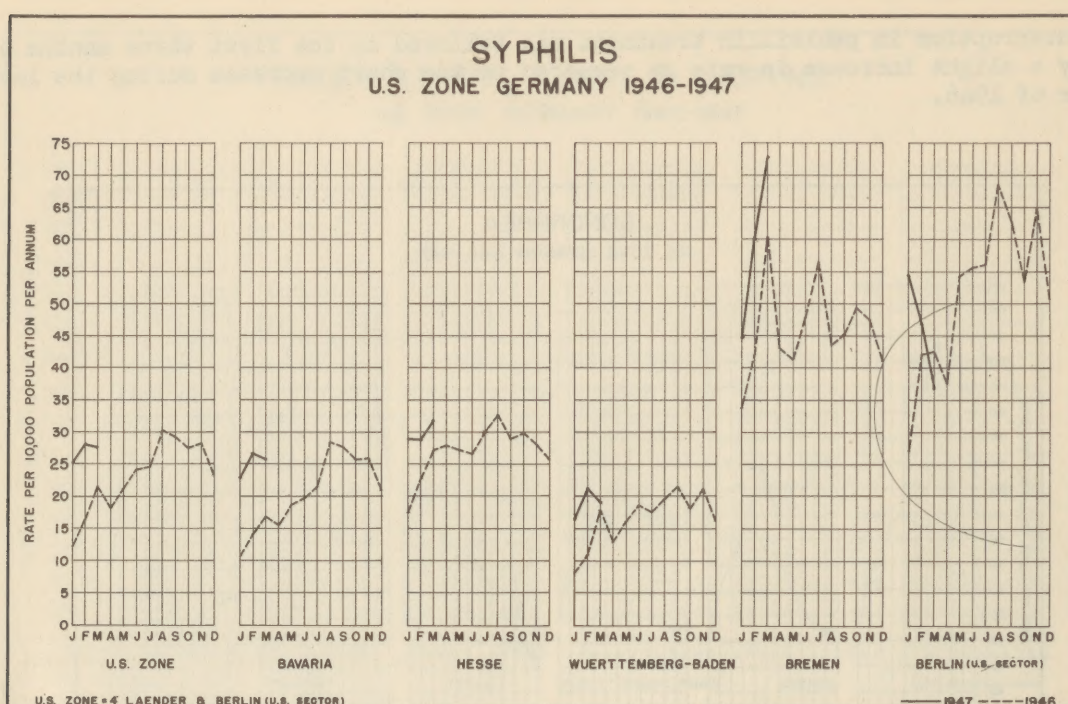


Figure 4

The ratio of cases of gonorrhea to cases of syphilis has decreased from 3.1 cases of gonorrhea to 1 of syphilis in March 1946 to 1.7 cases to 1 in March 1947. Main obstacles to control of syphilis are lack of the more effective arsenical and bismuth therapeutic agents for treatment, failure to conduct continuous treatment of syphilis cases, and lack of laboratory facilities for making early diagnosis in primary cases as well as insufficient public knowledge of the early signs and the seriousness of this disease.

Diphtheria has increased in Germany as well as in other countries of western Europe for several years. Inability to conduct and maintain immunization programs and a period of low incidence of this disease left a population with greater susceptibility. Population movements, crowding and steadily deteriorating housing conditions, during the war favored the spread of diphtheria which attained its highest rates in the U.S. Zone in October and November 1945, then underwent a seasonal decline through the spring and summer until August 1946 when a seasonal increase which continued through October, occurred. Since then, incidence has steadily decreased and is now at the lowest seasonal level recorded since 1942. The extensive diphtheria immunization program inaugurated by Military Government in 1945 significantly reduced the number of susceptible children and was a valuable aid in arresting the seasonal increase of the disease in the fall of 1946. Review of the diphtheria incidence by age and sex during the last year has revealed that its main prevalence is now among adults and predominantly among adult females. Urban reports indicate that approximately one half the cases reported occurred in persons over 14 years of age and that 40 percent of all cases reported occurred in females over 14 years of age. Lower incidence among adult males has been influenced by less intimate exposure to sick children and by immunization programs for diphtheria in the German armed forces.



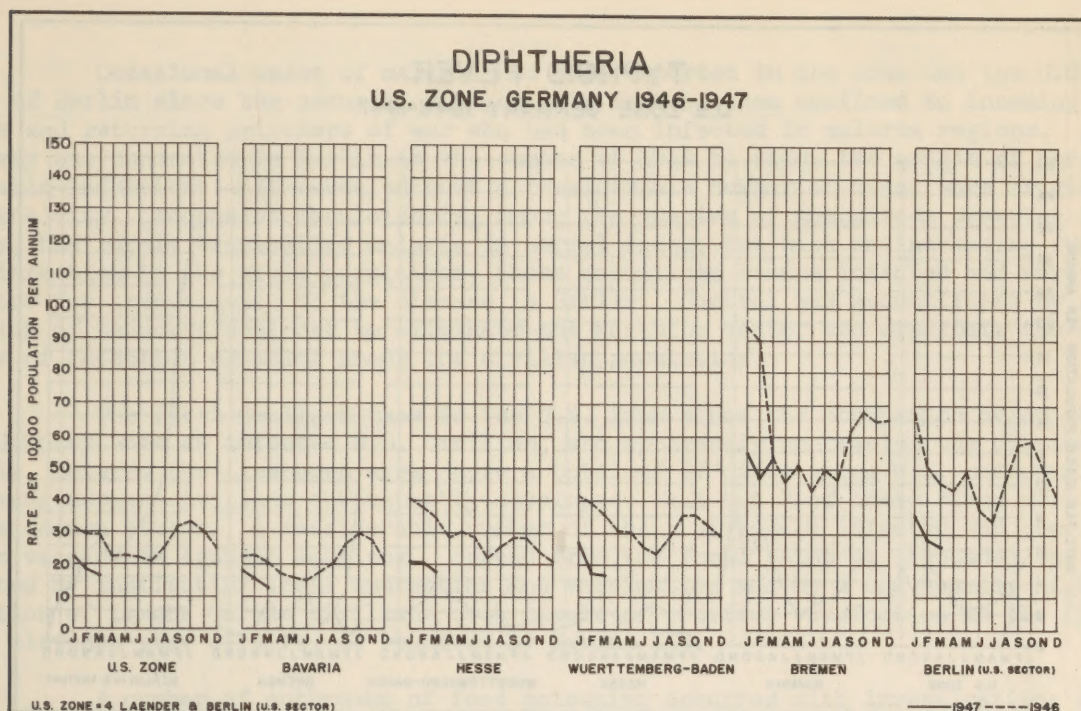


Figure 5

When the war ended widespread outbreaks of infectious dysentery were present in nearly all urban centers and typhoid fever rates were rapidly rising. Immunization was introduced in certain urban areas, such as Berlin, where environmental factors could not immediately be brought under control. Sanitary control of water supplies including repair of war damaged water systems and chlorination of those with remaining damage, improvement of all sanitary facilities including sewage and waste disposal, improvement of sanitary control of food, rigid application of restrictive measures for cases, carriers, and contacts, were measures that effectively contributed to the control of these diseases. Rates of intestinal type diseases were brought under control by April 1946, except for increases in typhoid that occurred during August and September. Except for an unusual localized epidemic with 436 cases and 27 deaths in Neuotting with a population of 7,000 in Landkreis Altoetting, Bavaria, in November 1946, the prevalence of typhoid fever has continued to decrease. Its present occurrence is mainly in the form of sporadic cases or isolated outbreaks resulting from use of non-approved water supplies, polluted by defective sewerage systems or other failures to control environmental sanitation and carriers.



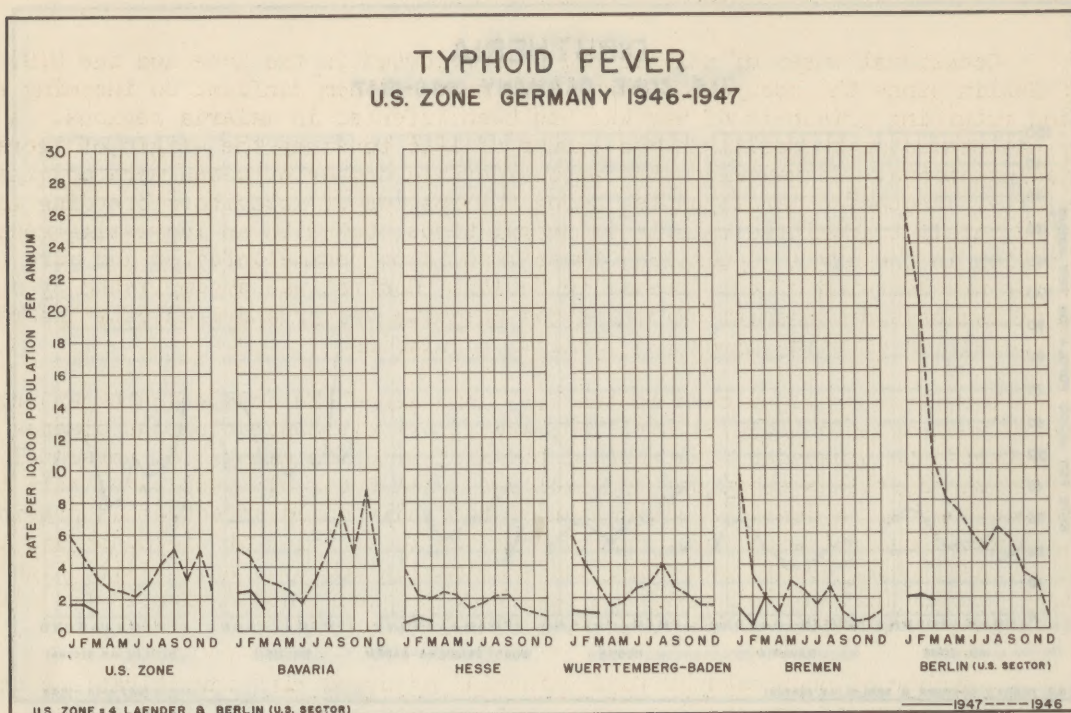


Figure 6

The danger of an influenza epidemic has been recognized since the end of the war as it could easily overshadow all other matters in the field of health. Production of bivalent influenza A and B vaccine was begun and a stock maintained in readiness. Virologists were trained in the laboratory technique of diagnosing virus influenza and laboratory facilities for performing the tests were established in each Land. Routine examination of sera from suspected cases and observation of causes of absenteeism from employment and school was employed to detect trends that might indicate an outbreak. A stock of emergency hospital supplies has been maintained as a reserve in strategic locations to meet minimum needs for additional hospitalization. German field reports for the U.S. Zone indicated a seasonal increase of respiratory disease clinically diagnosed as influenza but few cases were confirmed. At the peak of prevalence of respiratory infections during January and February, it was estimated that approximately 10 percent of the population were ill of which 60 percent were ambulatory. Localized outbreaks were investigated but none were confirmed as a focus of influenza.

Louse-borne typhus fever, which occurred with catastrophic prevalence in eastern Europe after World War I, occupied an important position among communicable diseases that might again become a menace to Europe. This danger was successfully eliminated by systematized control of population movements with physical inspection of individuals and DDT disinfestation to destroy lice and prevent infestation during transit. The German civil authorities were instructed and supervised in the maintenance of personnel and facilities for medical supervision and border quarantine at border crossing stations through which these people entered the Zone. Additional medical supervision including physical inspection and disinfestation was conducted at 118 refugee reception centers in the Zone, of which 15 were in Bavaria, 25 in Hesse, 63 in Wuerttemberg-Baden, one in Bremen, and 14 in the U.S. Sector of Berlin. There were only 15 cases of typhus fever in April 1946, 5 in May, 7 in June, 1 in July, 2 in August, 3 in September, and 1 in October, with no more reported until March 1947, when 2 additional cases were reported.



---

## HEALTH AND MEDICAL AFFAIRS

---

Occasional cases of malaria had been reported in the Zone and the U.S. Sector of Berlin since the occupation began with most of them confined to incoming refugees and returning prisoners of war who had been infected in malaria regions. A survey was conducted in Berlin in the summer of 1946 to study the origin of increasing malaria infections. It revealed that a considerable number of cases were originating in the city. *Anopheles maculopennis*, among the species of mosquitoes breeding in the city, had rarely transmitted malaria in normal times, but with an increasing reservoir of infection in the civil population, these mosquitoes became infected and were the vector for transmission of the disease in Berlin. Control was accomplished by application of measures designed to eliminate the mosquito vector and eradicate the reservoir of infection existing among the civilian population.

The first smallpox case in the U.S. Zone since the occupation began occurred in January when an infected U.S. Civilian, who apparently contracted the disease in Paris, entered the Wiesbaden area where a total of 12 cases among U.S. personnel and 6 among German civilians subsequently developed. All but 2 of these cases were traced to a common source. A considerable number of the individuals infected had previously been vaccinated against smallpox. Spread from the focal point at Wiesbaden was prevented by instituting local quarantine and vaccination and by a universally high proportion of immune German civilians as a result of previous vaccination in the first and eleventh year of life, as required by German law.

A number of outbreaks of food poisoning occurred with investigations revealing deficiencies of preparation, preservation, and handling of food as the causes. One case of anthrax occurred in Bremen in January 1947 with an infected supply of wool as the source. A seasonal increase in poliomyelitis, which began with 28 cases in July, increased to 117 in August and 122 in September, then decreased to 85 in October, 52 in November and 28 in December. The Bremen area had the highest incidence with 32 cases in September alone. An increase in whooping cough occurred in May and ended in September 1946. The incidence of scabies was uniformly high throughout the year with the greatest number of cases being reported in November 1946. Control of scabies has been hampered by faulty personal hygiene due to lack of soap and bathing facilities as well as a shortage of medicaments. Measles attained a seasonal high of 5,231 cases in January.

Programs for public enlightenment in important health matters were developed throughout the Zone with representatives of labor, clergy, press, education, health, and social agencies participating to enlist better public support for solving existing health problems.

Immunization programs have been continued. Figure 14, page 23, graphically portrays progress from month to month during the past year and includes a cumulative total for the period from the beginning of occupation through March 1947 for the five diseases for which immunization has been encouraged. The following tabulation gives the progress made in February and March 1947 for the Zone as well as individually by Laender and for the U.S. Sector of Berlin.

---

MARCH 1947

---



HEALTH AND MEDICAL AFFAIRS

AREA	MONTH	TYPE OF IMMUNIZATION					Total 5 Types
		Smallpox	Diphtheria	Typhoid	Scarlet Fever	Typhus	
U.S. Zone	Feb.	4,780	27,065	9,864	13,375	372	55,276
	Mar.	4,661	36,963	2,255	18,741	4	62,674
Bavaria	Feb.	101	3,466	9,606	1,217	18	14,408
	Mar.	106	5,664	2,221	2,051	1	10,043
Hesse	Feb.	2,838	3,108	1	-	-	5,947
	Mar.	622	8,104	4	38	-	8,768
Wuert.-Baden	Feb.	1,841	12,158	77	12,158	1	26,235
	Mar.	3,933	17,562	30	16,702	3	38,230
Bremen	Feb.	-	-	-	-	-	-
	Mar.	-	-	-	-	-	-
Berlin (U.S. Sector)	Feb.	-	8,333	-	-	353	8,686
	Mar.	-	5,633	-	-	-	5,633
CUMULATIVE TO 1 April 1947		1,037,827	2,258,631	3,119,025	913,980	84,864	7,414,327

The mortality rate for all communicable diseases declined during the spring and summer of 1946 until October. At this time an increased trend for combined rates, largely accounted for by an increase in deaths from tuberculosis, although slightly lower, approached levels for corresponding periods of the winter of 1946.

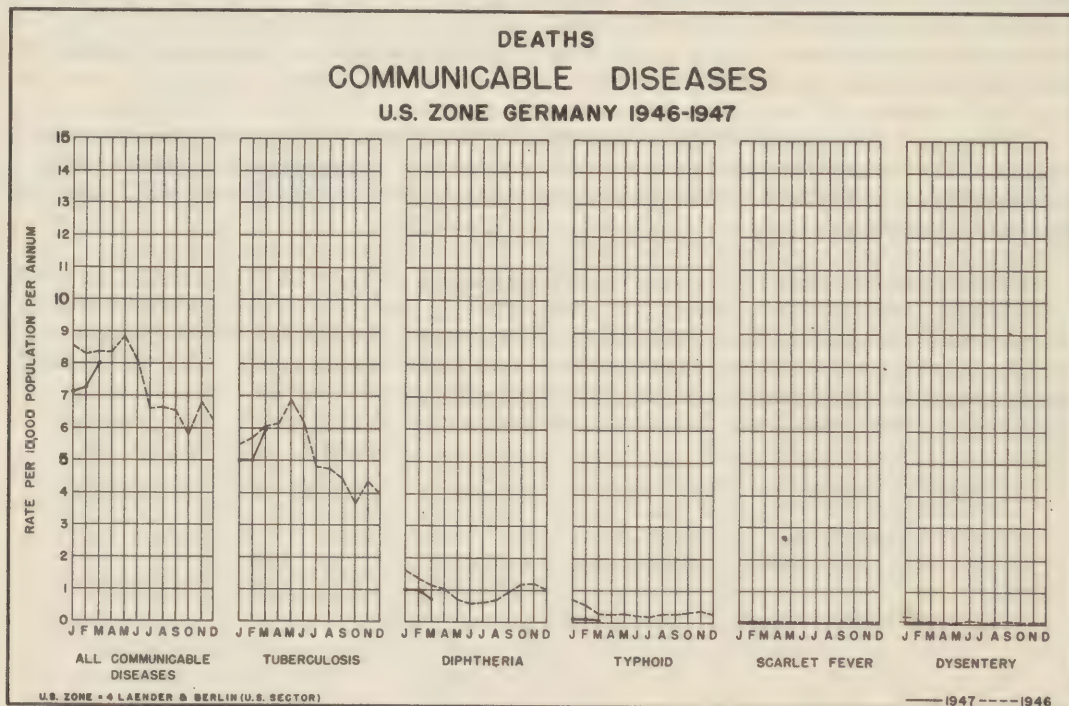


Figure 7



HEALTH AND MEDICAL AFFAIRS

The following figures give birth, total death, and infant mortality rates by calendar year quarters for the U.S. Zone as a whole as well as separately for each Land and U.S. Sector of Berlin.

BIRTH, DEATH, AND INFANT MORTALITY RATES

	CAL.YEAR QUARTER	US ZONE a/	BAVARIA	HESSE	WUERT. BADEN	BREMEN	U.S. SECTOR BERLIN
Birth Rate b/	2nd 46	17.9 d/	20.7	15.1	17.2	e/	5.8
	3rd 46	18.1 d/	20.6	16.0	16.4	e/	9.7
	4th 46	17.0	19.1	15.6	15.8	14.3	10.2
	1st 47	17.8	19.8	17.4	15.7	16.3	10.7
Death Rate b/	2nd 46	14.9 d/	13.5	14.7	16.2	e/	24.0
	3rd 46	12.7 d/	13.6	10.7	11.9	e/	16.6
	4th 46	14.1	14.8	12.6	12.5	11.7	19.9
	1st 47	15.4	15.3	14.5	13.0	15.6	28.5
Infant Mortality Rate c/	2nd 46	101.6 d/	108.7	78.9	97.7	e/	135.4
	3rd 46	92.9 d/	102.8	67.0	95.0	e/	70.9
	4th 46	92.2	103.0	74.9	79.7	90.7	87.4
	1st 47	98.1	104.8	82.9	91.6	105.1	116.2

- a/ Includes the four Laender and U.S. Sector Berlin.
- b/ Birth and death rates expressed as per 1000 Population per annum.
- c/ Infant Mortality Rates expressed as deaths under one year per 1000 live births.
- d/ Bremen not included.
- e/ Data not available.

Although the birth rate exceeded the death rate in the Zone throughout the year, the death rate for the first quarter of 1947 approached the birth rate and in Berlin deaths exceeded births by a rate of 28.5 to 10.7 per 1,000 of population per year. Infant mortality rates decreased in the last half of 1946 but increased in the first quarter of 1947. Increases were greatest in Berlin and Bremen.

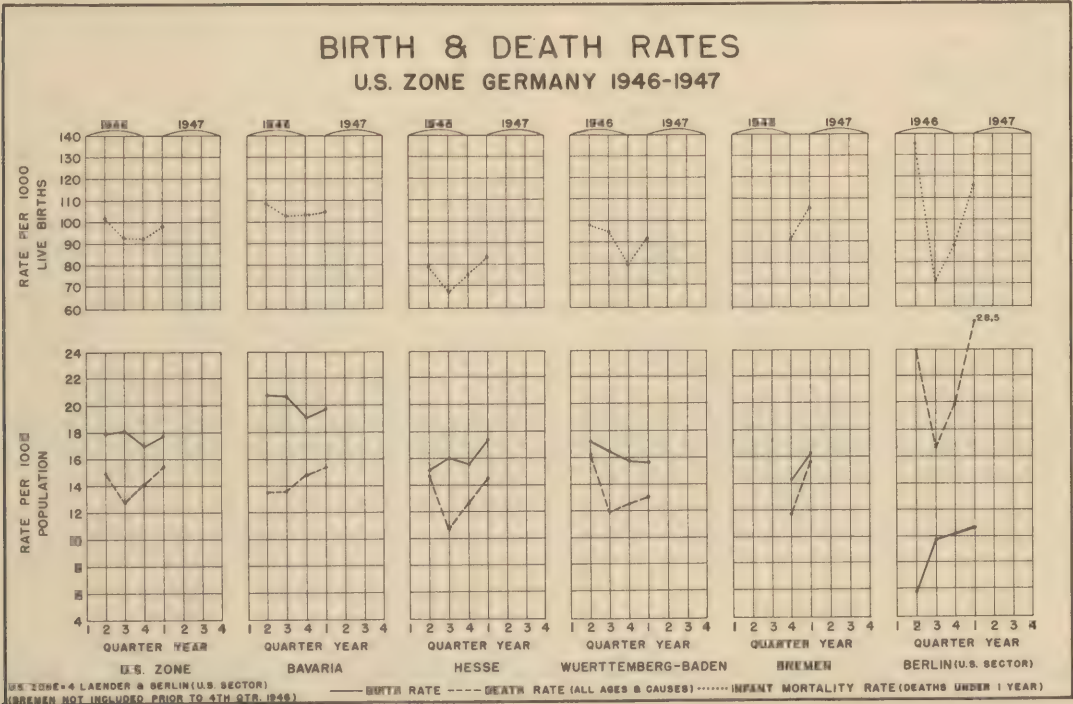


Figure 8



---

## HEALTH AND MEDICAL AFFAIRS

---

Population changes which have taken place in the U.S. Zone as a result of the war profoundly affect health conditions. It increased from 14,258,200 in 1939 to 17,174,367 in 1946 and the average density of population increased from 133 persons per square kilometer in 1939 to 160 in 1946. This with the destruction of housing facilities, reduced industrial capacity and insufficient agricultural output, unfavorably influences the state of the health of the population. Radically reduced living and social standards have resulted and will, of necessity, continue for a considerable period. The excess of women over men with 120.6 women to 100 men, particularly in the 20 to 40 age group where the ratio is 10 women to 6 men, cannot but have grave social and economic consequences.

### Nutrition 1/

The nutritional health of the population of the U.S. Zone has deteriorated in the past twelve months, although many people have found means to maintain themselves in a satisfactory nutritional state. The weight losses which have occurred came largely in the period April to August 1946, coinciding with the period of a reduced basic ration averaging nearly 1,300 calories when off-the-ration stores of food from the previous harvest were largely exhausted and high calorie crops from the new harvest had not yet become available.

#### AVERAGE WEIGHTS OF GERMAN ADULTS NUTRITION SURVEY DATA

AGE GROUPS	MEN			WOMEN		
	20-39	40-59	60 & Over	20-39	40-59	60 & Over
Number Weighed						
March 1946	1,279	1,391	712	530	396	229
August 1946	1,293	1,469	835	1,350	986	610
November 1946	1,446	1,920	1,108	1,024	733	694
February 1947	934	1,416	788	602	528	240
March 1947	1,008	1,144	641	761	617	392
Average Weight (lbs)						
March 1946	139.7	135.3	133.8	126.5	122.1	116.6
August 1946	133.4	130.8	127.9	119.4	118.5	114.2
November 1946	139.9	135.0	129.9	124.7	123.7	115.9
February 1947	140.6	136.4	132.6	124.5	122.3	114.9
March 1947	136.8	134.2	130.7	123.6	121.0	114.2
Reference Standard Weights (lbs) a/	142.0	146.0	147.0	123.0	132.0	133.0
Deviation from Refer- ence Standard (lbs)						
March 1946	-2.0	-10.3	-13.0	+3.7	-9.7	-16.1
August 1946	-8.6	-15.2	-19.1	-3.6	-13.5	-18.8
November 1946	-2.1	-11.0	-17.1	+1.7	-8.3	-17.1
February 1947	-1.4	-9.6	-14.4	+1.5	-9.7	-18.1
March 1947	-5.2	-11.8	-16.3	+0.6	-11.0	-18.8

a/ The reference standard weights are not optimum or average or normal weights, but are weights which are deemed by consulting nutritionists to be the lower limits of a range which is acceptable for satisfactory health.

1/ A discussion of the programs and sources from which data are derived for a month-to-month evaluation of the nutritional health of the population is to be found in the Public Health and Medical Affairs annex to the Report of the Military Governor, No. 18.

---

### MARCH 1947

---



## HEALTH AND MEDICAL AFFAIRS

While the extent of general deterioration has not been great, the direction of the trend has been unfavorable except in the period September through November. The mean nutritional state of the population was prevented from reaching a dangerously low level by the availability of appreciable amounts of off-the-ration food in those months, and by the timely restoration of the 1,550 calorie ration in October 1946. However, this should not obscure the fact that an important minority of the people have lost considerably more weight than the "average" weights indicate. Many have required help from welfare agencies, some have been entitled to medical certificates for food supplements because of undernourishment, some have required hospitalization, and occasionally under exceptional circumstances a few deaths have been attributed to starvation. Other deaths from infectious diseases in people whose resistance had been lowered by undernourishment undoubtedly interrupted the starvation process in a few people. Among infectious diseases, tuberculosis is the only one whose incidence has been alarming, and undernourishment is only one of several factors predisposing to this infection.

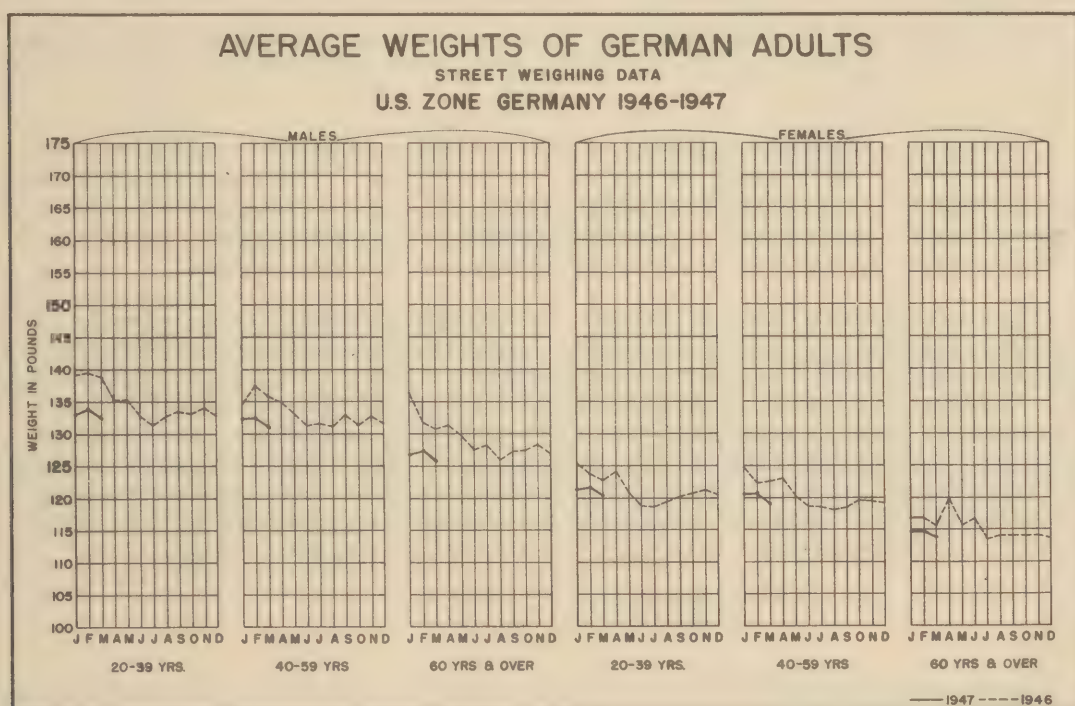


Figure 9

Average losses of weight in the various age and sex groups of adults in the past twelve months as determined by street weighing data have ranged from 1.8 pounds to 6.3 pounds, the greater losses being in men (Figure 15, page 24). In relation to minimum standard weights, the greatest weight deficiencies are in elderly men and women, the least deficiencies occurring in females over 17 years of age, and in babies under 2 years of age. The group receiving in the official ration the smallest proportion of their growth and maintenance requirements are children 6 to 15 years of age. Average weights of school children in February and March 1947 for Wuerttemberg-Baden and Hesse, the two Laender in which school weight data is currently available are shown in Figure 16, page 25. Unofficial school meals in some places have furnished substantial but still insufficient benefits to a low proportion of this age group. New programs intended to reach 1,400,000 school children (approximately 50 percent of children 6 to 18 years of age in the Zone) are beginning and are a reassuring prospect.

The most important specific sign of undernutrition being encountered, aside from loss of weight, is nutritional edema. The incidence of this condition a year ago was recorded as 0.6 percent, based on nutrition surveys of large cities.

MARCH 1947



---

## HEALTH AND MEDICAL AFFAIRS

---

After a decrease in the early summer, the incidence began to rise, chiefly in Land Hesse. It reached its peak of 4.3 percent in Hesse and an average of 1.9 percent in the large cities of the U.S. Zone in December, and thereafter has declined to an incidence of 1.7 percent in Hesse and an average of 0.8 percent for the Zone in March. While most of the recorded cases have been in elderly people, in whom complicating factors make edema less significant, a few are being found in younger people.

The composition of the ration, as well as its calorie value, is important. When substitutions are necessary, attention to the protein and vitamin content of the total ration is necessary. The present ration, when fully honored, provides for the normal consumer about 79 percent of the recommended daily protein intake, of which about 20 percent is high quality animal protein, whereas 30 percent would be desirable. When bread grain products are substituted for animal products, the total protein as well as the qualitatively superior animal protein in the ration is diminished. Vitamin values are not damaged. Actual food consumption, including that of animal protein, is higher than the amounts provided by the ration in the large majority of the population who obtain varying quantities of various foods from other sources. There has been no appreciable progressive decline in the measured serum protein content of the blood as determined in the laboratories of nutrition survey teams.

There is no sound physiologic basis for the assertion frequently heard that "the most serious deficiency of the ration is in fat". The frequently quoted "daily requirement" of approximately 40-50 grams of fat is a statement of desirability rather than of metabolic necessity. No recognizable specific fat-deficiency signs or symptoms have developed or are likely to develop in the population.

The nutritional position of most of the urban population is clearly lower than that which existed in March 1946. When the full basic ration of 1550 calories for normal consumers, with appropriate supplements to the special categories of other consumers, has been met and when foods from off-the-ration sources have been available in quantities which have prevailed in the past year, the population has been in approximate nutritional equilibrium at a substandard level. This threshold position allows no appreciable margin of safety, and would likely be promptly and unfavorably altered by a ration cut similar to that which occurred in the spring of 1946 or by a continuation of recent failures to supply the authorized ration in full.

### Sanitation

Encouraging progress has been noted during the year with the Health Departments in all four Laender endeavoring to improve the status of environmental sanitation. There has been improvement in the control of the quality of water, in the control of insects affecting the health of man, and in the coordination of supervisory activities over food processing and food vending establishments.

Efforts were made to improve and expand public bathing facilities but the operation of these almost ceased during the severe winter due to fuel shortages.

Public health representation on housing committees and boards was effected to provide consulting services and to make suitable recommendations in the interest of the public health.

Work was in progress to initiate programs for the training and education of lower category health department workers in environmental sanitation with occasional seminars and informative circular letters. Hesse inaugurated a program to develop public consciousness of the importance and the means of attaining adequate environmental sanitation for the individual with particular emphasis in the areas having a high incidence of intestinal parasitism.

Coordinated efforts were made by Military Government and German authorities to expand and improve deficient water supplies and sewerage systems although progress has been hampered by the limited materials. There were some improvements in the quality of water with an increase in chlorinated water supplies from 44 to 89 communities.

---

## MARCH 1947

---



# HEALTH AND MEDICAL AFFAIRS

The major sanitation problems presently facing public health authorities are the necessity for additional water supply and sewage disposal facilities and the increasing difficulty in maintaining laboratory supervision of water quality. Increased populations and the cumulative effect of neglected maintenance and deferred expansions have resulted in numerous cases of inadequate facilities. Lack of materials and equipment to correct these deficiencies continues to hamper the program for their elimination.

## MEDICAL AFFAIRS

### Nursing

During the past year the ratio of nurses to the population and to hospital beds was adequate with one nurse to 529 people and to each 5 hospital beds as of 31 March 1947. However, many institutions did not have enough funds to employ sufficient nurses and certain sisterhoods have been unable to fill their contracts, resulting in a shortage of nurses in institutions and a surplus in private duty. Two more schools of nursing have reopened, making a total of 85 functioning in the U.S. Zone, and with few exceptions, the classes have been full. One of the outstanding accomplishments of the past year was the action taken by a committee composed of a representative appointed by the Minister of the Interior, a legal advisor, and the chief nurse in each Land to rewrite the Nurse Practice Act and prepare it for legislative action.

### Hospitalization

Progress in the expansion of urgently needed hospital bed capacity was not satisfactory during the past year. The increase of approximately 28,000 beds largely resulted from the conversion to civilian hospitals of facilities released from military control for hospitalization of prisoners of war. The following figures show for the U.S. Zone as a whole and for each of the four Laender and U.S. Sector of Berlin the total numbers of hospital beds available to the German population and the percentage of occupancy as of the last day of the month of the four calendar year quarters.

STATUS OF CIVILIAN HOSPITAL BEDS  
(as of last day of month)

AREA	BEDS AVAILABLE				PERCENT OF BEDS OCCUPIED			
	June 46	Sept 46	Dec 46	Mar 47	June 46	Sept 46	Dec 46	Mar 47
TOTAL US ZONE	165,617	177,856	179,562	183,862	83.6	84.2	79.0	88.3
Bavaria	78,431	84,902	86,335	85,489	83.0	84.0	81.2	89.9
Hesse	38,620	42,500	41,013	43,464	83.4	83.0	77.4	85.4
Wuert.-Baden	30,429	31,563	32,908	34,424	86.0	86.4	75.8	88.4
Bremen	6,099	6,262	6,196	6,663	81.3	84.4	77.4	89.2
Berlin (US Sector)	12,038	12,629	13,110	13,822	83.0	83.0	79.0	86.6

Except for an average occupancy of 79 percent of capacity on 31 December 1946, average occupancy was above 80 percent throughout the year and relatively constant at nearly 90 percent during the winter months. The decrease as of 31 December can only be accounted for by the postponement of hospitalization in all except emergency cases during the holiday season. Figure 17, page 26, portrays the changes from month to month in the total number of beds available, the percentage of occupancy,

MARCH 1947



---

## HEALTH AND MEDICAL AFFAIRS

---

and the ratio of beds per thousand of population. It will be noted that despite the increase in total beds, there has been no increase in the number of beds per unit of population in the twelve months period, the increase in beds barely keeping pace with the increase in population.

With the expected seasonal decrease in the incidence of acute infectious diseases, particularly of the respiratory group, hospital capacity should be adequate for the ordinary needs of the population during the summer months. With prospects for some additional increase in population and because of the necessity of furnishing beds for the thousands of cases of open infectious tuberculosis as yet unhospitalized, and in order to assure a sufficient reserve to provide care in event of epidemics or a catastrophe, it is imperative that all possible measures be taken by the German authorities during the next few months to acquire, equip, and staff additional hospitals. Since hospital facilities held by the Army for treatment of prisoners of war have practically all been released, further increases must come mostly from either the development of new hospitals or the rehabilitation of badly damaged former hospitals. With the current shortages of building materials and hospital furniture and equipment, it is expected that even the most energetic program for expansion of hospital capacity will fall short of the desired minimum of 15 beds per one thousand of population. At present there are 10.1 beds per thousand.

### Narcotics Control

Approximately one year ago, the Opium Offices of the three Laender were in the initial stages of reorganization under the German Opium Law as amended by a directive of Military Government of 6 December 1945. Military Government support and assistance was given in order to reestablish as promptly as possible much needed control of narcotic transactions. Coordination between the Land Offices has been at least partly achieved by periodic meetings between the directors of the Opium Offices and the Military Government Narcotics Control Officer. In spite of the fact that most of the available German personnel were unfamiliar with their duties and responsibilities, the directors of the Opium Offices responded to demands for stricter control with commendable vigor. After the first meeting, which took place in May 1946, inventories were again required of all wholesalers and manufacturers retroactive to January 1946. In addition, all available figures for the period prior to that date were sought and were eventually put to use in supplying international statistics for the year 1945 for the U.S. Zone to the Permanent Central Opium Board at Geneva, Switzerland.

Inspection systems have been reestablished, using, as before, local medical inspectors of the Kreis. In addition, the Opium Offices are again sending out their inspectors on regular annual inspections. These inspections have revealed a large number of violations, particularly those relating to the securing of narcotics by fraud on the part of addicts and physicians. Illicit traffic uncovered by German Police and Military Police indicates an increase in the number of violations of this type.

Narcotics found among captured enemy material have been distributed for legitimate needs of the civil population as promptly as the responsibility of the German officials and the availability of safe storage facilities would permit. At the present time, adequate supplies are available.

Narcotic control has shown a definite increase in efficiency. Problems of distribution, particularly the disposal of surpluses which formerly went into export, are anticipated. Germany was formerly one of the world's largest exporters of narcotics and a major portion of the total production was in the area now comprising the U.S. Zone.

### Medical Supply

The same general difficulties common to all industrial activity have operated to seriously curtail the production of medical supplies and equipment. The limited

---

MARCH 1947

---



---

## HEALTH AND MEDICAL AFFAIRS

---

but reassuring production of pharmaceuticals and other items of medical equipment and supply which developed during the summer and fall of 1946 was set back by the severe winter which at the same time increased the need for such items. Health services have been provided with supplies obtained from surplus Army stocks, those remaining from stocks obtained from captured enemy dumps that were turned over to German authorities during the past year as well as stocks in trade channels. Expenditure of such supplies has been at a rate in excess of their replacement from indigenous production for most items, so that at the end of the second year of occupation reserve stocks are largely depleted, making it more than ever necessary to rely upon deliveries from current production to meet present needs. Requirements for replacement parts for existing equipment are becoming more urgent because of increased demand as a result of accelerated wear and tear incident to more than normal usage of what is available. For example, more and more X-ray installations are becoming inoperative because of the non-availability of replacement tubes and accessories, making it necessary in some areas to cannibalize some installations in order to keep others in operation. Solution of most of these supply problems is dependent upon an over-all revival of industry and the receipt of essential raw materials.

The supply of certain essential pharmaceuticals which were not previously produced in Germany and those for which indigenous production is dependent upon import of basic raw materials, has presented particular difficulty. As reserve stocks have become depleted, it has become necessary to get along with substitutes, or, in those instances where there are no effective substitutes, to suffer the consequences. Some of the more essential items in this category are anthelmintics, castor oil, various hormone preparations, glycerin, iodine and bismuth salts, camphor, agar-agar and other bacteriological nutrient materials and laboratory items. Voluntary relief organizations such as CRALOG (Council of Relief Agencies Licensed for Operation in Germany) and the International Red Cross have been informed of these critical shortages in the hope that at least minimum quantities would be provided through such channels. So far, deliveries from such sources have been in almost negligible quantities compared to need and it is becoming increasingly apparent that dependence upon relief donations for such essential supplies is not a satisfactory solution. German health authorities have been developing a program for submission through German economic channels for the importation of items that cannot be delivered from indigenous production and for certain raw materials necessary to obtain production of other items.

Insulin requirements on a strictly rationed basis to maintain the approximately 18,000 diabetics in the Zone have been calculated at approximately 20,000,000 units per month. While ample production facilities exist, deliveries to the U.S. Zone from indigenous production in the U.S. Zone have been less than 6,000,000 units per month because of an insufficient supply of pancreas glands from zonal livestock slaughter. During the early summer of 1946 this deficit was made up by delivery from military stocks. When this source of supply was no longer available, the problem was presented to CRALOG in September. That organization promised to attempt to supply 15,000,000 units a month for a period of six months. During November, December and January a total of about 27,000,000 units was received from CRALOG from purchases made in the United States and Denmark. While CRALOG has promised to furnish additional supplies to make up the deficit of approximately 60,000,000 units against the original commitment, no supplies have been received since January. The insulin supply situation is now critical having been temporarily alleviated by the release in April of approximately 5,000,000 units from excess stocks under military control. A

Except for an interruption in December and January, penicillin for the treatment of gonorrhea in Germans has been available throughout the year. As a result of the War Department allocation of 90,000 vials of 200,000 Oxford units each in January, sufficient stocks are now on hand to continue this treatment program into July. Unknown but definitely limited quantities, not under Military Government control, have been received by private German welfare organizations and individuals through donations of voluntary relief organizations and through gift parcels.

---

MARCH 1947



---

## HEALTH AND MEDICAL AFFAIRS

---

### VETERINARY AFFAIRS

#### Veterinary Administration and Personnel

Veterinary Affairs in the U.S. Zone was administered by German Land Veterinary officials during the year with a Military Government staff of only two members at this headquarters to observe, advise, inspect and report upon essential matters. Changes in veterinary officials at Land and lower levels have been frequent because of normal attrition and to removals consequent to denazification. In many instances, the position of Kreis Veterinarian was temporarily filled by a neighboring official. Short training courses have been carried on extensively for new officials, meat inspectors, practitioners, and farriers both in regular educational institutions and in the field.

The Giessen Veterinary College has made considerable progress in the physical repair of instructional facilities, while the Munich Veterinary College opened for pre-clinical studies. Several veterinary journals are again being published providing much needed technical information to German personnel. Information Centers established by Military Government have provided many veterinary periodicals and texts for the use of German veterinarians.

#### Animal Disease Control

Control of animal disease is based on the former Reich laws, all of which were continued in effect by Military Government directives, with administration from Land level. The Laender cooperate in control work by exchange of disease intelligence and by conferences. Animal disease control has been reasonably successful despite difficulties resulting from shortages of experienced personnel, lack of transportation, slowness of communication, and shortages of supplies.

A summary of the incidence of notifiable diseases reported in the U.S. Zone during the past twelve months is shown in Figure 18, page 27 while Figure 19, page 28, gives incidence by Laender for February and March 1947. Swine erysipelas, fowl pest, equine scabies and foot-and-mouth disease were the most prevalent diseases. Erysipelas showed its usual seasonal increase in midsummer. Scabies has been much lower this spring than last spring. Foot-and-mouth disease occurred in two outbreaks of considerable proportions, one in Hesse and one in northwest Bavaria. Vaccine was not available for control purposes, although a production project is now under way. Unusual diseases encountered were dourine and glanders of horses, which were introduced at the end of the war by returning Wehrmacht animals. Extensive testing and elimination activities have controlled their spread. While reported open tuberculosis of cattle is not high, the actual infection rate is known to be extremely high. Consequently, veterinary officials are planning extensive eradication programs as soon as money and facilities are available.

#### Food Hygiene

Meat and dairy hygiene continued to show some improvement during the year due to repair of war-damaged buildings, to training and placement of new personnel, and to better administrative organization. Supplies are still short for certain functions. For example, pasteurization of milk decreased seriously during the past winter due to fuel shortages. Tuberculosis of cattle and hogs has been the most frequent cause of meat rejections.

---

**MARCH 1947**

---



# HEALTH AND MEDICAL AFFAIRS

## DISTRIBUTION OF GERMAN MEDICAL PERSONNEL U.S. ZONE OF GERMANY Quarterly From 30 June 1946 Through 31 March 1947

	TOTAL	BAVARIA	HESSE	WUERTTEMBERG- BADEN	BREMEN	BERLIN (US SECTOR)
<u>PHYSICIANS</u>						
30 June 46	14,539	7,143	2,833	2,864	438	1,261
30 Sept 46	15,095	7,173	3,048	3,058	552	1,264
31 Dec 46	16,073	7,711	3,038	3,441	550	1,333
31 Mar 47	16,000	7,579	2,749	3,729	584	1,359
<u>NURSES</u>						
30 June 46	29,367	12,231	6,054	7,014	867	3,201
30 Sept 46	31,545	13,085	6,209	7,411	1,526	3,314
31 Dec 46	32,702	13,759	6,293	7,594	1,551	3,505
31 Mar 47	33,969	13,657	7,316	7,726	1,784	3,486
<u>DENTISTS</u>						
30 June 46	7,086	3,064	1,564	1,456	210	792
30 Sept 46	7,205	3,012	1,618	1,519	259	797
31 Dec 46	7,405	3,122	1,629	1,588	256	810
31 Mar 47	7,095	3,040	1,350	1,612	260	833
<u>MIDWIVES</u>						
30 June 46	4,767	2,142	1,220	1,230	48	127
30 Sept 46	4,861	2,196	1,233	1,252	49	131
31 Dec 46	4,879	2,210	1,239	1,245	50	135
31 Mar 47	4,687	2,049	1,199	1,252	51	136
<u>PHARMACISTS</u>						
30 June 46	3,154	1,129	594	878	119	434
30 Sept 46	3,246	1,196	602	915	97	436
31 Dec 46	3,340	1,205	594	986	104	451
31 Mar 47	3,246	1,126	564	1,002	108	446
<u>VETERINARIANS</u>						
30 June 46	1,114	615	203	218	19	59
30 Sept 46	1,194 a/	643	227 a/	244	24	56
31 Dec 46	1,339	629	383	249	24	54
31 Mar 47	1,218	576	282	280	24	56
<u>OTHERS</u>						
30 June 46	4,369	651	324	2,056	-	1,338
30 Sept 46	5,212	912	421 a/	2,337	148	1,394
31 Dec 46	5,113 b/	1,115	b/	2,467	134	1,397
31 Mar 47	5,368	946	340	2,612	297	1,173

a/ Regierungsbezirk Hessen not reported.

b/ Land Hesse not reported.

Figure 10

MARCH 1947



COMMUNICABLE DISEASE RATES  
U.S. ZONE OF GERMANY  
FOR PERIOD MARCH 1946 THROUGH MARCH 1947  
Expressed as Cases per 10,000 Persons Annually

PERIOD	Typhus Fever	Smallpox	Anthrax	Relapsing Fever	Cholera	Plague	Diphtheria	Scarlet Fever	Tbc Lung & Larynx	Tbc Other	Whooping Cough	Meningitis	Poliovulvitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid	Dysentery Infectious	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Encephalitis Epidemic	Rabies	Malaria	Influenza	Measles
March 1946	0.6	0.0	-	0.0	-	-	29.1	5.9	22.7	3.0	9.0	0.3	0.1	67.3	21.6	3.4	0.6	1.5	0.2	0.0	1.1	83.6	0.1	-	0.3	6.2	0.9
April 1946	0.1	-	-	-	-	-	22.7	5.1	20.0	2.8	8.8	0.2	0.0	60.4	18.1	2.7	0.5	1.1	0.1	0.1	0.4	108.4	0.1	-	0.4	4.6	1.3
May 1946	0.0	-	-	-	-	-	22.9	5.5	23.1	3.3	18.0	0.2	0.1	72.5	21.1	2.5	0.5	0.9	0.2	0.0	0.4	99.3	0.0	-	0.6	1.9	3.1
June 1946	0.1	-	-	-	-	-	22.3	5.2	23.6	3.7	20.2	0.3	0.1	84.8	24.1	2.2	0.6	1.5	0.2	0.0	0.3	118.3	0.0	-	0.9	0.7	4.4
July 1946	0.0	-	-	-	-	-	20.9	5.9	22.2	4.1	23.2	0.3	0.2	84.6	24.5	2.9	1.4	1.2	2.9	0.0	0.3	108.6	0.1	-	1.1	0.5	6.0
August 1946	0.0	-	-	0.0	-	-	25.3	5.9	23.9	4.0	25.1	0.2	0.7	90.6	30.2	4.2	2.5	1.1	0.3	0.0	0.3	93.7	0.1	-	0.8	0.8	5.0
September 1946	0.0	-	-	-	-	-	31.6	7.8	19.7	3.3	19.4	0.2	1.0	86.7	29.2	5.1	1.3	0.8	0.0	0.1	0.4	108.1	0.0	-	0.5	0.9	6.0
October 1946	0.0	-	-	-	-	-	33.1	6.3	23.4	3.4	17.3	0.2	0.6	73.6	27.3	3.3	1.3	0.7	0.4	0.0	0.5	103.7	0.1	-	0.3	1.0	9.3
November 1946	-	-	-	-	-	-	30.0	6.2	24.4	3.4	16.0	0.2	0.3	65.9	28.2	5.0	0.9	0.5	0.0	-	0.7	120.2	0.1	-	0.1	1.2	26.2
December 1946	-	-	-	-	-	-	24.9	5.4	20.3	3.6	13.1	0.2	0.2	44.4	23.2	2.6	0.5	0.4	0.0	0.0	0.4	105.6	0.0	-	0.1	1.3	35.4
January 1947	-	0.0	0.0	-	-	-	22.6	4.8	19.6	2.9	12.2	0.5	0.1	45.3	25.2	1.7	0.4	0.4	0.1	0.0	0.4	109.0	0.0	-	0.1	2.0	37.5
February 1947	-	0.0	-	-	-	-	18.6	4.4	24.2	3.3	10.1	0.4	0.1	46.1	28.1	1.7	0.5	0.3	1.0	0.0	0.4	106.5	0.0	-	0.1	4.0	21.7
March 1947	0.0	0.0	-	0.0	-	-	16.5	3.9	26.4	4.9	6.5	0.4	0.1	46.6	27.6	1.2	0.2	0.4	0.0	0.0	0.6	101.1	0.1	-	0.1	2.9	14.6
Week Ending:																											
1 Mar 1947	-	-	-	-	-	-	16.2	4.1	24.1	4.3	7.3	0.5	0.1	47.3	28.5	1.5	0.3	0.3	-	0.1	0.3	95.9	0.0	-	-	2.7	15.8
8 Mar 1947	-	0.1	-	-	-	-	15.0	3.8	25.1	3.9	6.5	0.4	0.1	45.3	26.1	1.5	0.2	0.3	0.0	0.0	0.5	103.2	0.1	-	0.1	1.5	13.7
15 Mar 1947	0.0	-	-	-	-	-	17.4	3.9	27.7	4.8	6.1	0.5	0.1	45.9	26.6	1.1	0.3	0.1	-	0.0	0.3	92.5	0.1	-	0.2	2.5	16.4
22 Mar 1947	0.0	0.1	-	0.0	-	-	16.5	3.4	23.8	4.5	5.9	0.4	0.1	46.5	29.3	0.6	0.1	0.4	-	-	1.2	98.9	0.1	-	0.1	3.2	11.7
29 Mar 1947	-	-	-	-	-	-	17.5	4.5	31.4	7.0	6.8	0.4	0.1	48.0	27.5	1.2	0.3	0.6	0.1	0.1	0.9	114.9	0.1	-	0.0	4.8	15.5

0.0 Indicates rates between 0 and 0.05.

Figure 11



COMMUNICABLE DISEASE REPORT (BY LAND)  
U.S. ZONE OF GERMANY  
FOR MONTH OF MARCH 1947  
( 5 Weeks )

HEALTH AND MEDICAL AFFAIRS

L A N D	POPULATION a/	Reported Number of New Cases and Deaths From Communicable Disease														c: Cases					d: Deaths								
		Typhus Fever		Smallpox	Anthrax	Relapsing Fever	Cholera	Plague	Diphtheria	Scarlet Fever	Tbc Lung & Larynx	Tbc Other	Whooping Cough	Meningitis	Polio-myelitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid	Dysentery	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Encephalitis	Rabies	Malaria	Influenza	Measles
TOTAL US ZONE	18,158,369	c	2	4	1	-	-	2884	683	4616	855	1137	76	14	8136	4816	208	42	62	3	4	1	110	17652	14	8	11	512	2550
Bavaria	8,983,015	d	1	-	-	-	-	128	7	1040	100	22	34	3	-	11	23	4	4	1	1	1	56	11099	8	-	8	291	1499
Hesse	4,050,188	d	-	-	-	-	-	64	3	389	34	11	16	3	-	8	15	3	3	-	1	-	-	-	-	-	-	1	7
Wuerttemberg-Baden	3,649,559	d	-	-	-	-	-	23	2	211	29	7	5	-	-	3	2	1	-	-	-	-	-	-	-	-	-	3	-
Bremen	491,605	d	1	-	-	1	-	586	157	705	111	321	8	3	1292	671	34	8	6	-	-	-	10	3396	3	-	2	16	686
Berlin	491,605	d	-	-	-	-	-	31	2	170	21	4	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(US Sector)	984,002	d	-	-	-	-	-	245	62	535	85	b/	3	1	523	348	17	-	33	-	1	-	-	b/	-	-	-	b/	b/
Case Rates Expressed as per 10,000 Population per Annum																													
TOTAL US ZONE	18,158,369	0.0	0.0	-	0.0	-	-	16.5	3.9	26.4	4.9	6.5	0.4	0.1	46.6	27.6	1.2	0.2	0.4	0.0	0.0	0.6	101.1	0.1	-	0.1	-	0.1	14.6
Bavaria	8,983,015	0.0	-	-	-	-	-	12.9	3.2	24.7	3.4	7.1	0.5	0.1	45.8	25.7	1.4	0.3	0.2	0.0	0.0	0.6	128.5	0.1	-	0.1	-	0.1	17.4
Hesse	4,050,188	-	0.1	-	-	-	-	17.7	4.1	27.1	8.5	5.0	0.5	0.1	47.5	31.6	0.6	0.2	0.1	0.1	0.1	0.6	64.2	0.1	-	-	0.6	9.4	
Wuerttemberg-Baden	3,649,559	0.0	-	-	0.0	-	-	16.7	4.5	20.1	3.2	9.1	0.2	0.1	36.8	19.1	1.0	0.2	0.2	-	-	0.3	96.8	0.1	-	0.1	0.5	19.6	
Bremen	491,605	-	-	-	-	-	-	53.1	5.5	39.3	7.0	1.7	1.7	-	110.2	72.6	2.1	0.2	0.6	-	-	4.0	139.2	-	-	0.2	12.7	-	
Berlin	491,605	-	-	-	-	-	-	25.9	6.7	56.5	9.0	b/	0.3	0.1	55.3	36.8	1.8	-	3.5	-	0.1	-	-	b/	-	-	-	b/	b/
(US Sector)	984,002	-	-	-	-	-	-	25.9	6.7	56.5	9.0	b/	0.3	0.1	55.3	36.8	1.8	-	3.5	-	0.1	-	-	b/	-	-	-	b/	b/

Case Rates Expressed as per 10,000 Population per Annum

TOTAL US ZONE	18,158,369	0.0	0.0	-	0.0	-	-	16.5	3.9	26.4	4.9	6.5	0.4	0.1	46.6	27.6	1.2	0.2	0.4	0.0	0.0	0.6	101.1	0.1	-	0.1	2.9	14.6
Bavaria	8,983,015	0.0	-	-	-	-	-	12.9	3.2	24.7	3.4	7.1	0.5	0.1	45.8	25.7	1.4	0.3	0.2	0.0	0.0	0.6	128.5	0.1	-	0.1	3.4	17.4
Hesse	4,050,188	-	0.1	-	-	-	-	17.7	4.1	27.1	8.5	5.0	0.5	0.1	47.5	31.6	0.6	0.2	0.1	0.1	0.1	0.6	64.2	0.1	-	0.6	9.4	
Wuerttemberg-Baden	3,649,559	0.0	-	-	0.0	-	-	16.7	4.5	20.1	3.2	9.1	0.2	0.1	36.8	19.1	1.0	0.2	0.2	-	-	0.3	96.8	0.1	-	0.1	0.5	19.6
Bremen	491,605	-	-	-	-	-	-	53.1	5.5	39.3	7.0	1.7	1.7	-	110.2	72.6	2.1	0.2	0.6	-	-	4.0	139.2	-	-	42.7	-	
Berlin (US Sector)	984,002	-	-	-	-	-	-	25.9	6.7	56.5	9.0	b/	0.3	0.1	55.3	36.8	1.8	-	3.5	-	0.1	-	b/	-	-	b/	b/	

a/ Population figures as established by the official census of 29 October 1946, AGO 091.4 (CA) "Population Statistics for Germany", OMGUS, dated 30 January 1947.

b/ Indicates no data submitted.

- Indicates no cases reported.

0.0 Indicates rates between 0 and 0.05.

Figure 12

MARCH 1947



# HEALTH AND MEDICAL AFFAIRS

DEATH RATES FROM COMMUNICABLE DISEASES  
FOR PERIOD MARCH 1946 THROUGH MARCH 1947  
Expressed as Deaths per 10,000 Population per Annum

AREA AND PERIOD	Typhus Fever	Smallpox	Anthrax	Relapsing Fever	Cholera	Plague	Diphtheria	Scarlet Fever	Tbc Lung & Larynx	Tbc Other	Whooping Cough	Meningitis	Poliomyelitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid	Dysentery	Bact. Food Poisoning	Undulant Fever	Infectious Jaundice	Scabies	Encephalitis	Rabies	Malaria	Influenza	Measles	TOTAL ALL COMMUNICABLE DISEASES
US ZONE:																												
March 1946	0.1	-	-	-	-	-	1.2	0.0	6.1	0.4	0.0	0.1	0.0	-	0.1	0.3	0.0	0.1	-	-	-	-	0.0	-	-	-	-	8.4
April 1946	0.0	-	-	-	-	-	1.0	0.1	6.1	0.6	0.0	0.1	0.0	-	0.0	0.3	-	0.0	0.0	0.0	-	0.0	-	-	-	-	-	8.3
May 1946	-	-	-	-	-	-	0.7	0.0	6.9	0.6	0.1	0.1	-	-	0.1	0.3	0.0	0.0	0.0	0.0	-	0.0	-	-	-	-	-	8.9
June 1946	0.0	-	-	-	-	-	0.6	0.0	6.2	0.6	0.1	0.1	0.0	-	0.1	0.2	0.0	0.1	0.0	-	0.0	-	-	-	-	-	-	8.1
July 1946	-	-	-	-	-	-	0.6	0.0	4.8	0.6	0.1	0.1	0.0	-	0.1	0.2	0.0	0.0	-	0.0	-	-	-	-	-	-	-	6.6
August 1946	0.0	-	-	-	-	-	0.7	-	4.7	0.4	0.1	0.1	0.1	-	0.0	0.3	0.0	0.1	0.1	0.1	-	0.0	-	-	-	-	0.0	6.6
September 1946	-	-	-	-	-	-	1.0	0.0	4.4	0.3	0.1	0.1	0.1	-	0.0	0.3	0.1	0.1	0.0	0.0	-	0.0	-	-	-	-	-	6.6
October 1946	-	-	-	-	-	-	1.2	0.0	3.7	0.3	0.1	0.0	0.1	-	0.0	0.3	0.0	0.1	0.0	0.0	-	0.0	-	-	-	-	0.0	5.8
November 1946	-	-	-	-	-	-	1.2	0.1	4.4	0.4	0.1	0.1	0.0	-	0.1	0.4	0.0	0.0	0.0	0.0	-	0.0	-	-	-	-	0.0	6.8
December 1946	-	-	-	-	-	-	1.0	0.1	4.0	0.4	0.2	0.1	0.0	-	0.0	0.3	0.0	0.0	-	-	-	0.0	-	-	-	-	0.1	6.3
January 1947	-	-	-	-	-	-	1.0	0.0	5.0	0.5	0.1	0.2	0.0	0.0	0.1	0.2	0.0	0.0	-	0.0	0.0	-	-	-	-	0.0	0.1	7.2
February 1947	-	-	-	-	-	-	1.0	0.1	5.0	0.8	0.1	0.2	-	-	0.1	0.2	0.0	0.0	-	-	0.0	-	-	-	-	-	0.1	7.5
March 1947	0.0	-	-	-	-	-	0.7	0.0	6.0	0.6	0.1	0.2	0.0	-	0.1	0.1	0.0	0.0	-	0.0	-	-	-	-	-	0.0	0.0	8.0
BAVARIA	-	-	-	-	-	-	0.7	0.0	4.5	0.4	0.1	0.2	0.0	-	0.1	0.2	0.0	0.0	-	0.0	-	-	-	-	-	0.0	0.1	6.5
HESSE	-	-	-	-	-	-	0.6	0.1	5.4	0.7	0.2	0.1	-	-	0.1	0.1	0.0	-	-	-	-	0.1	-	-	-	0.1	-	7.4
WUERTTEMBERG-BADEN	0.0	-	-	-	-	-	0.9	0.1	4.8	0.6	0.1	0.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6.7
BRREMEN	-	-	-	-	-	-	0.6	-	8.3	0.8	-	1.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11.2
BERLIN (US SECTOR)	-	-	-	-	-	-	0.7	-	24.4	1.3	-	0.1	-	-	-	0.6	-	0.1	-	-	-	-	-	-	-	-	-	27.3

Figure 13

MARCH 1947



# IMMUNIZATION OF GERMAN CIVILIANS

FIGURES ARE CUMULATIVE FROM MONTH TO MONTH

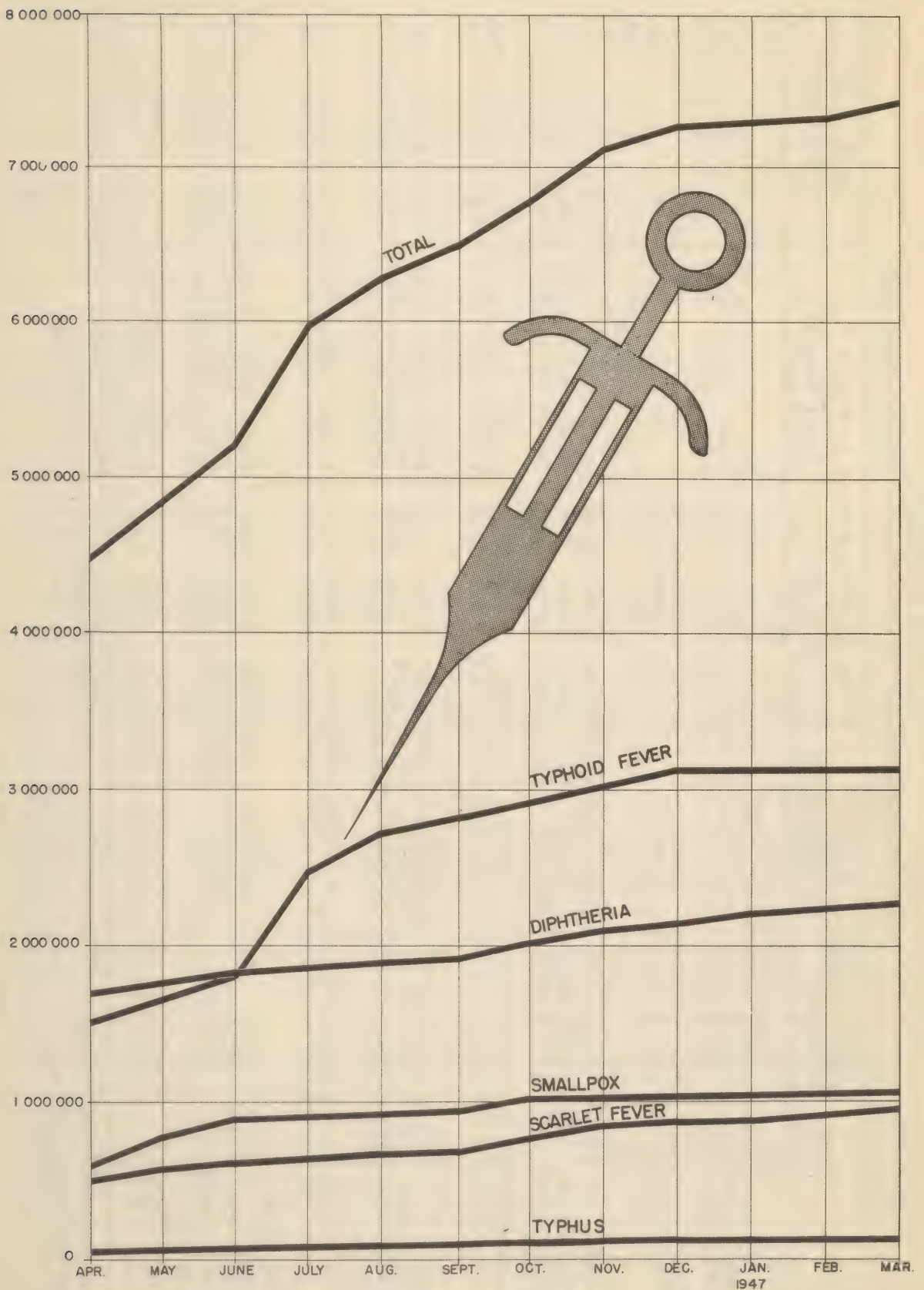


Figure 14

MARCH 1947



**AVERAGE BODY WEIGHTS OF GERMAN ADULTS**  
**U.S. ZONE OF GERMANY a/**  
**(Street Weighing Program, March and August 1946 and March 1947)**

**HEALTH AND MEDICAL AFFAIRS**

A R E A	M A R C H 1 9 4 6			A U G U S T 1 9 4 6			M A R C H 1 9 4 7		
	M A L E S			F E M A L E S			M A L E S		
	20-39	40-59	60 +	20-39	40-59	60 +	20-39	40-59	60 +
<b>TOTAL US ZONE</b>									
Number Weighed	12,110	11,587	5,105	12,879	9,765	4,339	22,738	21,492	11,159
Average Weight (lbs)	138.8	135.7	130.7	122.8	122.5	115.5	132.5	131.1	125.8
Ref. Std. Wt. (lbs)	142.0	146.0	147.0	123.0	132.0	133.0	142.0	146.0	147.0
Deviation From Ref. Std. Wt. (lbs)	-3.2	-10.3	-16.3	-0.2	-9.5	-17.5	-9.5	-14.9	-21.2
(%)	-2.3	-7.1	-11.1	-0.2	-7.2	-13.2	-6.7	-10.2	-14.4
<b>BAVARIA</b>									
Number Weighed	5,484	5,423	2,655	7,285	6,558	2,634	7,269	7,114	4,357
Average Weight (lbs)	136.6	134.2	130.0	121.7	122.5	115.7	130.2	130.0	123.4
Ref. Std. Wt. (lbs)	142.0	146.0	147.0	123.0	132.0	133.0	142.0	146.0	147.0
Deviation From Ref. Std. Wt. (lbs)	-5.4	-11.8	-17.0	-1.3	-9.5	-17.3	-11.8	-16.0	-23.6
(%)	-3.8	-8.1	-11.6	-1.1	-7.2	-13.0	-8.3	-11.0	-16.1
<b>HESSE</b>									
Number Weighed	5,474	4,958	1,776	4,252	1,886	1,090	7,002	6,935	2,942
Average Weight (lbs)	140.6	137.1	131.3	124.3	121.7	113.3	132.9	130.7	127.8
Ref. Std. Wt. (lbs)	142.0	146.0	147.0	123.0	132.0	133.0	142.0	146.0	147.0
Deviation From Ref. Std. Wt. (lbs)	-1.4	-8.9	-15.7	+1.3	-10.3	-19.7	-9.1	-15.3	-19.2
(%)	-1.0	-6.1	-10.7	+1.1	-7.8	-14.8	-6.4	-10.5	-13.1
<b>WUERTEMBERG-BADEN</b>									
Number Weighed	1,152	1,206	674	1,342	1,321	615	8,467	7,443	3,860
Average Weight (lbs)	141.0	137.7	131.6	125.2	124.3	118.6	134.1	132.4	127.1
Ref. Std. Wt. (lbs)	142.0	146.0	147.0	123.0	132.0	133.0	142.0	146.0	147.0
Deviation From Ref. Std. Wt. (lbs)	-1.0	-8.3	-15.4	+2.2	-7.7	-14.4	-7.9	-13.6	-19.9
(%)	-0.7	-5.7	-10.5	+1.8	-5.8	-10.8	-5.6	-9.3	-13.5

a/ Weights for March 1946 computed on basis of 55,785 adults were obtained by German personnel.  
 Weights for August 1946 " " " " " "  
 Weights for March 1947 " " " " " "

Figure 15



SUMMARY OF AVERAGE BODY WEIGHTS OF 381,421 SCHOOL CHILDREN IN MARCH  
AS COMPARED WITH 416,840 CHILDREN IN FEBRUARY IN  
WURTEMBERG-BADEN AND HESSE a/

# HEALTH AND MEDICAL AFFAIRS

A G E S E X	W U R T T E M B E R G - B A D E N						H E S S E					
	NUMBER WEIGHED		AVERAGE WEIGHT (LBS)		DEVIATION FROM STANDARD (LBS)		NUMBER WEIGHED		AVERAGE WEIGHT (LBS)		DEVIATION FROM STANDARD (LBS)	
	FEB.	MARCH	FEB.	MARCH	FEB.	MARCH	FEB.	MARCH	FEB.	MARCH	FEB.	MARCH
6 Boys	9,472	6,148	48.0	48.9	+3.5	+3.8	10,619	9,053	47.1	48.4	+1.6	+3.7
Girls	8,721	5,848	46.3	47.5	+2.8	+2.4	10,256	10,888	46.2	44.0	+1.5	-0.7
7 Boys	16,010	12,650	50.8	50.5	+2.4	+2.5	11,117	13,057	50.4	50.6	+1.3	0.0
Girls	15,568	12,370	49.1	48.4	+1.8	+2.2	10,791	12,586	50.2	50.6	-0.4	0.0
8 Boys	16,499	12,772	55.0	55.0	+2.2	+2.0	10,276	12,612	56.1	57.2	-1.1	0.0
Girls	16,060	12,390	53.0	53.2	+0.4	+0.2	10,308	11,934	54.3	55.0	-2.9	+1.3
9 Boys	15,880	12,011	60.0	60.0	-1.2	-0.3	10,252	11,948	61.2	61.6	-5.5	-5.1
Girls	15,340	11,471	57.9	58.2	-2.4	-1.4	9,718	11,557	59.6	59.4	-5.3	-5.5
10 Boys	15,164	12,087	65.3	65.1	-3.2	-2.9	9,619	11,180	67.8	68.2	-3.0	-4.4
Girls	14,597	11,520	63.4	63.8	-3.5	-3.3	9,591	11,102	66.2	66.0	-2.0	-6.6
11 Boys	14,909	11,700	71.2	71.2	-3.6	-3.0	9,221	10,293	72.6	74.8	-5.7	-5.3
Girls	14,071	11,412	69.9	70.1	-4.9	-4.9	9,721	10,003	73.5	72.6	-4.8	-5.7
12 Boys	13,449	10,818	77.5	77.3	-4.6	-3.9	7,857	9,734	78.3	79.2	-8.2	-5.7
Girls	13,169	10,594	78.6	78.5	-4.6	-5.1	7,742	8,985	80.3	81.4	-7.7	-6.6
13 Boys	11,894	9,640	85.6	84.8	-4.4	-3.4	6,624	7,267	87.8	92.4	-5.7	0.0
Girls	11,556	9,322	88.8	88.5	-2.7	-4.1	6,609	7,578	90.6	92.4	-1.8	-4.8
14 Boys	9,009	7,653	94.5	96.0	-3.6	-2.6	3,397	3,379	96.4	96.8	-6.6	-4.2
Girls	8,351	7,486	97.8	99.2	-0.8	-0.7	3,047	3,338	98.8	101.2	-4.2	+0.2
15 Boys	4,169	3,743	106.5	105.5	-3.7	-3.0	170	-	101.9	-	-9.4	-
Girls	3,675	3,673	104.8	107.0	+2.0	+1.0	228	-	100.3	-	-7.7	-
16 Boys	3,216	2,417	120.4	122.8	-3.4	-1.7						
Girls	2,088	2,203	115.5	114.6	+4.6	+3.0						
17 Boys	2,813	2,028	128.8	131.2	+0.3	-0.8						
Girls	1,443	1,418	122.3	122.9	+7.7	+7.4						
18 Boys	1,716	1,008	134.7	135.9	+1.3	+3.0						
Girls	838	545	126.4	126.4	+10.9	+8.9						
T O T A L S	259,677	204,927					157,163	176,494				

a/ Program in Hesse does not include older group.

Figure 16

MARCH 1947



STATUS OF CIVILIAN HOSPITALS - U.S. ZONE

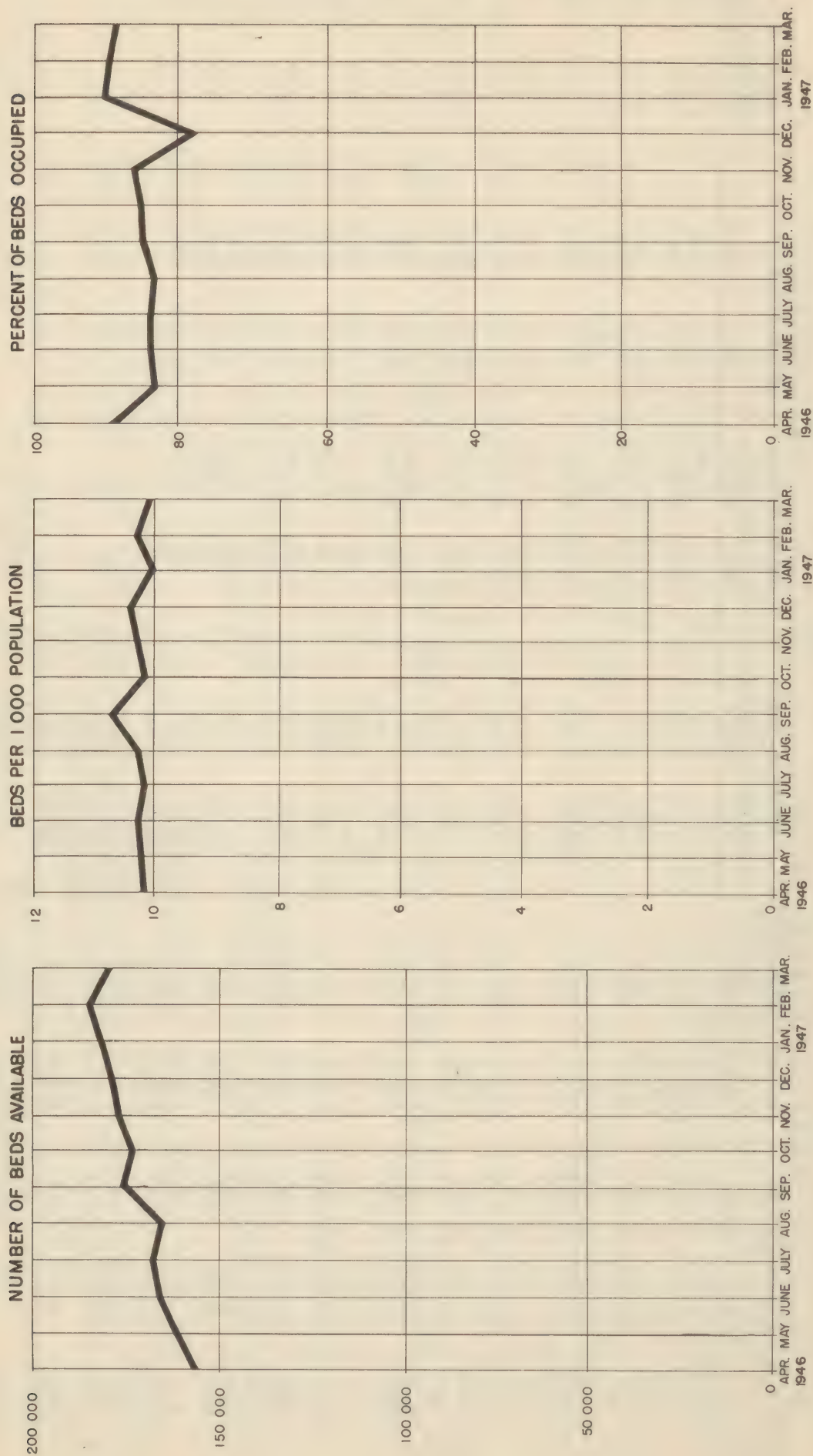


Figure 17



# HEALTH AND MEDICAL AFFAIRS

## INCIDENCE OF REPORTABLE ANIMAL DISEASES U.S. ZONE OF GERMANY FROM APRIL 1946 THROUGH MARCH 1947 a/

DISEASE	TOTAL 12 MOS. APR 46- MAR 47	APR 1946	MAY 1946	JUNE 1946	JULY 1946	AUG 1946	SEPT 1946	OCT 1946	NOV 1946	DEC 1946	JAN 1947	FEB 1947	MAR 1947
Anthrax	4	-	-	-	3	-	-	-	-	-	-	1	-
Blackleg	4	-	-	1	-	-	2	1	-	-	-	-	-
Coital vesicular exanthema	133	37	27	7	-	-	-	-	7	16	7	14	18
Contagious abor- tion of bovine	357	9	17	98	93	25	21	11	11	5	22	4	41
Contagious pleuro- pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-
Dourine of equine	143	-	-	-	-	29	5	32	36	20	3	8	10
Encephalomyelitis of equine b/	62	4	11	10	3	1	5	1	-	2	6	2	17
Encephalomyelitis of swine	6	-	-	-	-	1	3	-	-	-	-	2	-
Erysipelas of Swine	9907	350	766	1124	1630	1751	1459	1280	850	366	127	100	104
Foot and Mouth disease	1120	17	32	371	360	157	-	-	54	96	15	13	5
Fowl Cholera	164	2	19	36	-	36	-	5	8	30	25	1	2
Fowl Pest	3704	807	611	426	264	265	442	396	234	123	66	13	57
Glanders	46	3	6	9	10	-	1	6	5	2	-	4	-
Infectious anemia of equine	265	19	47	19	22	13	30	24	28	16	20	12	15
Malignant edema of bovine	5	-	-	4	-	-	-	-	-	-	-	1	-
Pox of ovine	1	-	-	-	-	1	-	-	-	-	-	-	-
Rabies	-	-	-	-	-	-	-	-	-	-	-	-	-
Rinderpest	-	-	-	-	-	-	-	-	-	-	-	-	-
Scabies of bovine	61	2	3	1	2	1	1	-	7	20	1	10	13
Scabies of equine	1604	187	168	278	217	66	76	117	70	57	109	155	104
Scabies of ovine	280	14	5	12	4	28	21	9	17	35	30	62	43
Swine Fever	154	31	29	17	12	10	17	30	3	5	-	-	-
Texas tick fever	21	-	5	11	2	-	-	3	-	-	-	-	-
Trichomoniasis of bovine	224	1	4	-	1	6	2	18	66	-	16	74	36
Tuberculosis of bovine (open)	150	13	20	8	8	12	5	3	14	19	19	14	15

a/ All figures are numbers of premises (farms) newly infected.

b/ Includes Borna disease

Figure 18

MARCH 1947



# HEALTH AND MEDICAL AFFAIRS

## INCIDENCE OF REPORTABLE ANIMAL DISEASES U.S. ZONE OF GERMANY FOR FEBRUARY AND MARCH 1947 <sup>a/</sup>

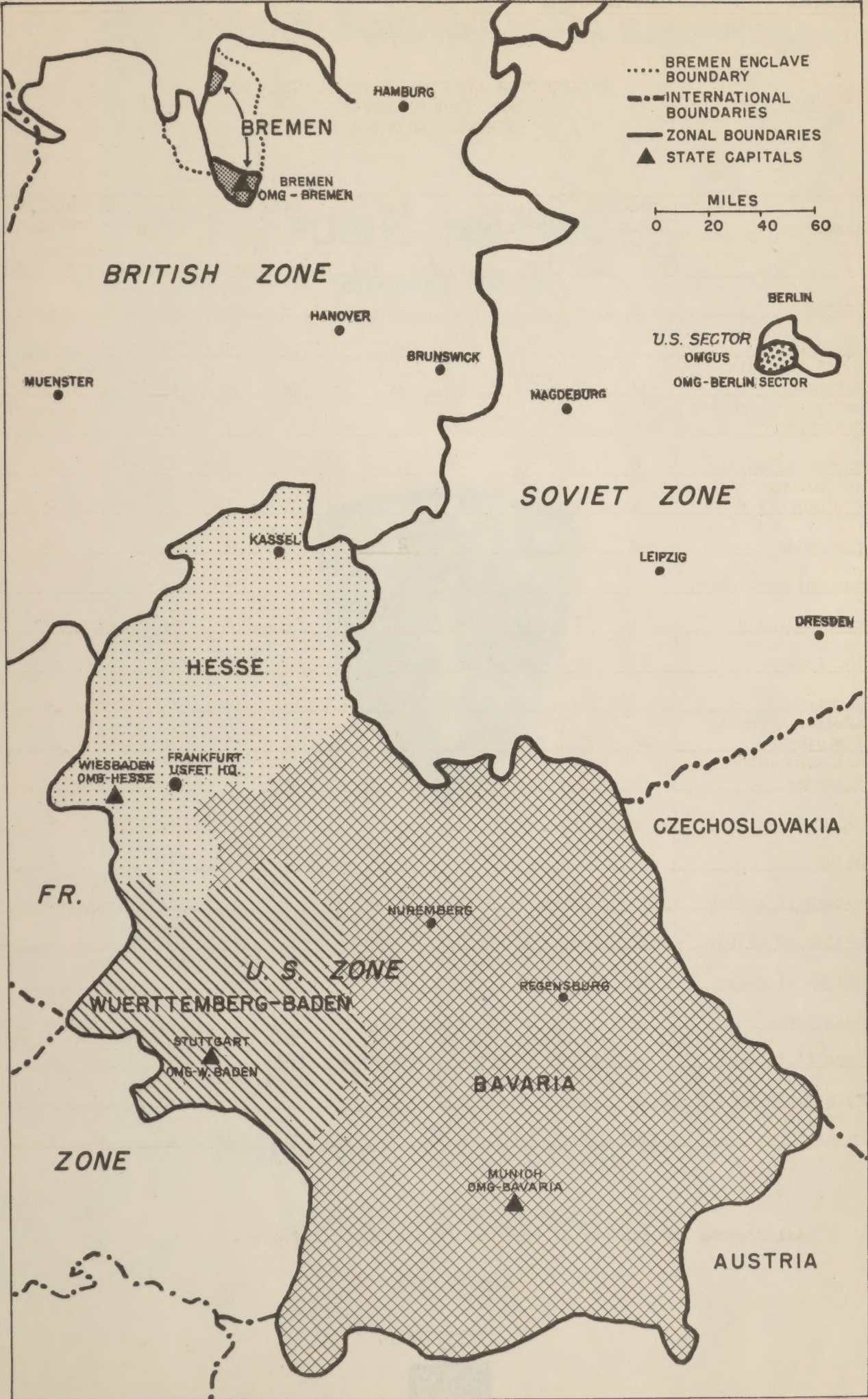
Disease	Total U.S. Zone		Land Bavaria		Land Hesse		Land Baden- Wurttbg		Land Premer		Berlin (US Sector)	
	Feb	Mar	Feb	Mar	Feb	Mar	Feb	Mar	Feb	Mar	Feb	Mar
Anthrax	1	-	1	-	-	-	-	-	-	-	-	-
Blackleg	-	-	-	-	-	-	-	-	-	-	-	-
Coital vesicular exanthema	14	18	-	-	-	-	14	18	-	-	-	-
Contagious abortion of bovine	4	41	1	33	-	-	3	8	-	-	-	-
Dourine of equine	8	10	1	-	6	2	1	8	-	-	-	-
Encephalomyelitis of equine (& Borna)	4	17	-	1	-	-	4	16	-	-	-	-
Erysipelas	100	104	64	65	12	17	24	22	-	-	-	-
Foot and Mouth Dis.	13	5	13	5	-	-	-	-	-	-	-	-
Fowl Cholera	1	2	1	-	-	-	-	2	-	-	-	-
Fowl Pest	13	57	12	55	-	-	1	2	-	-	-	-
Glanders	4	-	4	-	-	-	-	-	-	-	-	-
Infectious anemia of equine	12	15	7	5	3	5	2	5	-	-	-	-
Malignant edema of bovine	1	-	-	-	1	-	-	-	-	-	-	-
Pox of ovine	-	-	-	-	-	-	-	-	-	-	-	-
Rabies	-	-	-	-	-	-	-	-	-	-	-	-
Scabies of bovine	10	13	-	3	-	-	6	10	3	-	1	-
Scabies of equine	155	104	89	58	17	11	48	13	1	4	-	18
Scabies of ovine	62	43	28	18	24	24	10	-	-	1	-	-
Swine fever	-	-	-	-	-	-	-	-	-	-	-	-
Texas tick fever	-	-	-	-	-	-	-	-	-	-	-	-
Trichomoniasis	74	36	74	36	-	-	-	-	-	-	-	-
Tuberculosis of bovine (open)	14	15	-	-	-	-	10	14	2	1	2	-

<sup>a/</sup> All figures are numbers of premises (farms) newly infected.

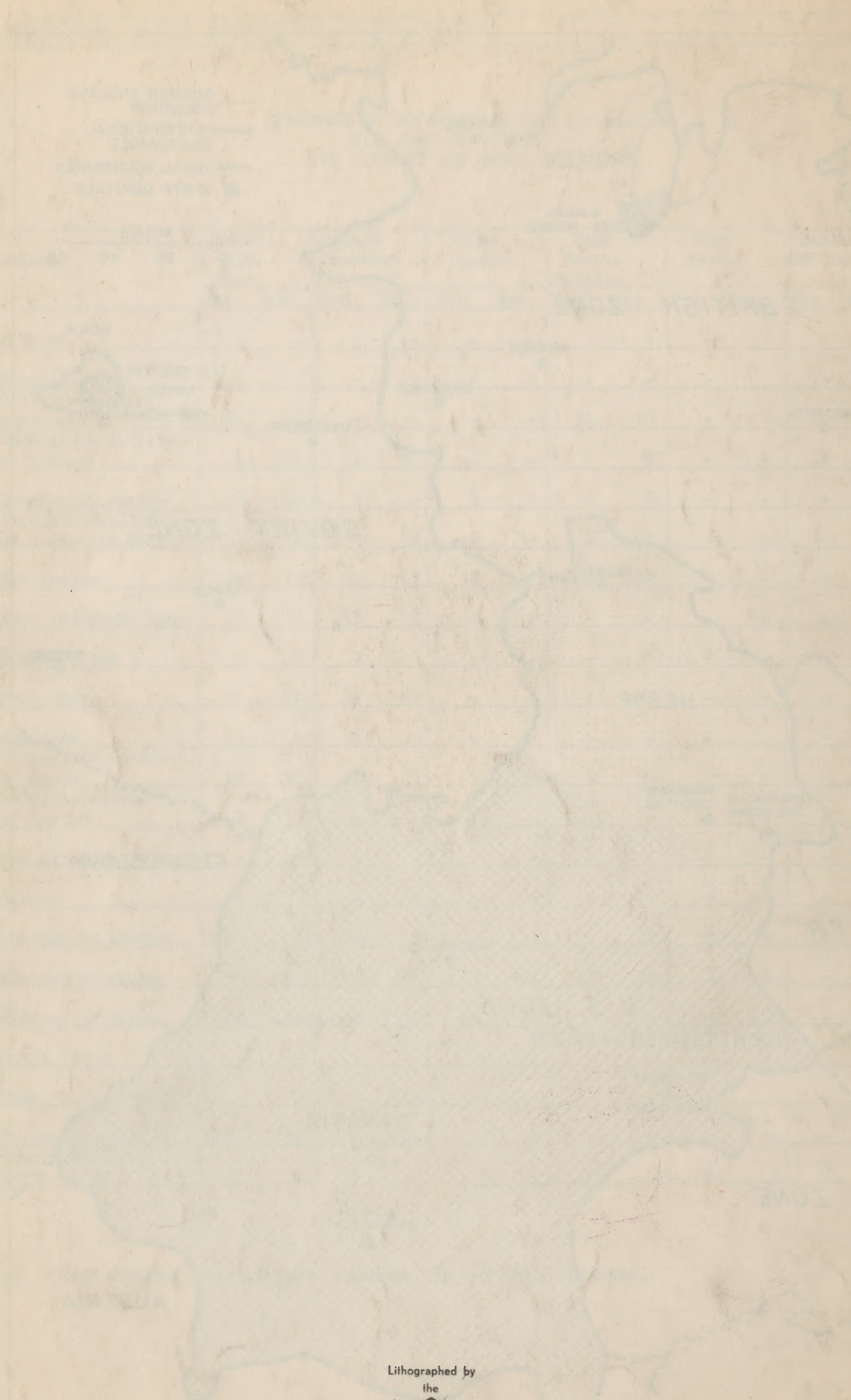
Figure 19

MARCH 1947









Lithographed by  
the



Adjutant General

ONGUS